

10/14/2020

Division of Corporations

20000238810

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP
Account Number : I20140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 21210 NE 9 PLACE UNIT 4, LLC

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 21210 NE 9 PLACE UNIT 4, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000238810

THIRD: The street address of the limited liability company's principal office is:

15645 COLLINS AVE APT 602

SUNNY ISLES, FL 33160

The mailing address of the limited liability company's principal office is:

15645 COLLINS AVE APT 602

SUNNY ISLES, FL 33160

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: ARASH M. ASIL and MARINA OMERHODZIC ASIL

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: ARASH M. ASIL and MARINA OMERHODZIC ASIL

b. No authority granted to: _____

Goran Omerhodzic
Signature of authorized representative

GORAN OMERHODZIC

Typed or printed name of signature

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