

L20000315789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

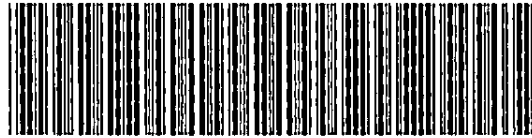
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 126 WEST DIXIE LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melinda Osborne, Real Estate Paralegal

\_\_\_\_\_  
Name of Person

Sapurstein & Bloch, P.A.

\_\_\_\_\_  
Firm/Company

9700 South Dixie Hwy., #1000

\_\_\_\_\_  
Address

Miami, Fl. 33156

\_\_\_\_\_  
City/State and Zip Code

rdumenigo@bellsouth.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda Osborne

305 670-9500  
\_\_\_\_\_  
at ( )  
Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: 126 WEST DIXIE LLC

SECOND: The Florida Document Number of the limited liability company is: L20000315789

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

12615-25 WEST DIXIE HWY.

NORTH MIAMI, FL. 33161

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

1400 N.W. 107TH AVENUE SUITE 500

MIAMI, FL. 33172

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.

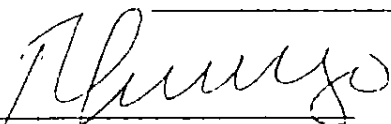
a. Granted to: RODOLFO DUMENIGO

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: RODOLFO DUMENIGO

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

RODOLFO DUMENIGO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)