

L20000 386 058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

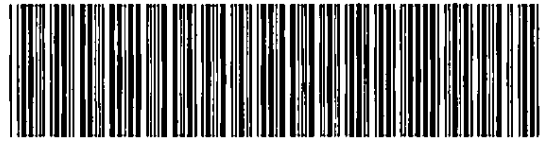
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 JUN 21 AM 9:24
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trident Holdings 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:

Martha Mendez

Name of Person

Feinstein Mendez & Cobreiro PA

Firm/Company

2600 S. Douglas Road, Suite 506

Address

Coral Gables, FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Martha Mendez

786
at ()

636-8938

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Trident Holdings LLC

SECOND: The Florida Document Number of the limited liability company is: L20000386058

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

7821 NW 159 Terrace

Miami Lakes, FL 33016

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

7821 NW 159 Terrace

Miami Lakes, FL 33016

2021 JUN 21 AM 9:24

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.

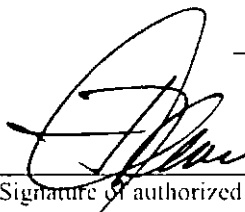
a. Granted to: Angel Cachinero

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: Angel Cachinero

b. No authority granted to: _____



Signature of authorized representative

Angel Cachinero

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)