

L210000007498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

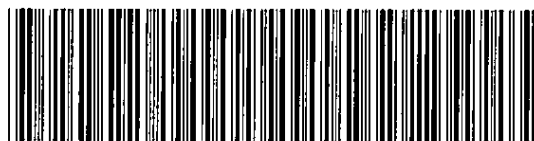
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/25--01002--023 **25.00

01/10/25--01002--024 **30.00

FILED
2023 JAN -9 AM 9:38
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KEY WEST ESTATES, LLC

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File Authenticity
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY WEST ESTATES, 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:

Erica H. Sterling

Name of Person

Spottswood, Spottswood, Spottswood & Sterling, PLLC
Firm/Company

500 Fleming Street, Key West, FL 33040

Address

Key West, Florida 33040

City/State and Zip Code

Erica@spottswoodlaw.com

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

For further information concerning this matter, please call:

Erica H. Sterling

Name of Person

at (305)

Area Code

305-294-9556

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: KEY WEST ESTATES, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000007498

THIRD: The street address of the limited liability company's principal office is:
BUZON 44, PLA DEL BOUSAGUNTO, VALENCIA, SPAIN, OC 46500 OC

The mailing address of the limited liability company's principal office is:
BUZON 44, PLA DEL BOUSAGUNTO, VALENCIA, SPAIN, OC 46500 OC

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: Erica H. Sterling

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: Erica H. Sterling

b. No authority granted to: _____

Pallab Sengupta.
Signature of authorized representative

PALLAB SENGUPTA
Typed or printed name of signature

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