

L21000012333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

*Statement of
Authority*

MAY 28 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6080 Oraida Apartments, 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:

Aida Maria Mendez Rigueiro

Name of Person

6080 Oraida Apartments, LLC

Firm/Company

5801 SW 94th Avenue

Address

Pinecrest, FL 33156

City/State and Zip Code

aidarigueiro@gmail.com

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

For further information concerning this matter, please call:

Lourdes B. Rivera, Esq.

Name of Person

786

Area Code

251-0358

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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: 6080 Oraida Apartments, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000012333

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

5801 SW 94th Avenue

Pinecrest, FL 33156

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

5801 SW 94th Avenue

Pinecrest, FL 33156

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.

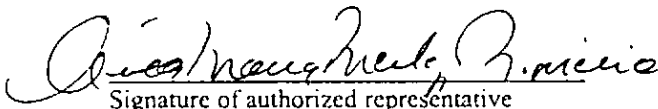
a. Granted to: Aida Maria Mendez Rigueiro and/or Aida Mendez

b. No authority granted to: Orlando A. Mendez, Jr.

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

a. Granted to: Aida Maria Mendez Rigueiro and/or Aida Mendez

b. No authority granted to: Orlando A. Mendez, Jr.


Signature of authorized representative

Aida Maria Mendez Rigueiro
Typed or printed name of signature

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

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TALLAHASSEE, FL

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