

L21000145465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

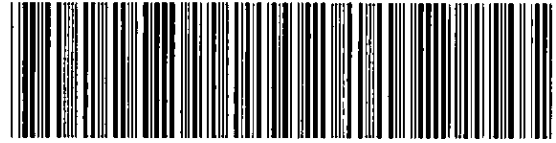
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Giant Investments, 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:

Giovanni Nicotri  
Name of Person

Giant Investments, LLC  
Firm/Company

2860 W. State Rd 84 #115  
Address

Dania, FL 33312  
City/State and Zip Code

giovanni@supremeclosings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Nicotri at ( 954 ) 726-5580  
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: Giant Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: 221000145465

THIRD: The street address of the limited liability company's principal office is:  
2860 W. State Rd 84 #115  
DANIA, FL 33312

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

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:

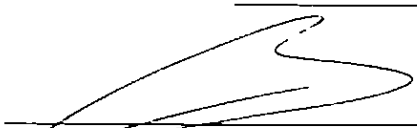
a. Granted to: MONA LONGO NIOSIA

b. No authority granted to: N/A

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

a. Granted to: MONA LONGO NIOSIA

b. No authority granted to: N/A

  
Signature of authorized representative

Giovanni NIOSIA  
Typed or printed name of signature

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