

121 000525989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

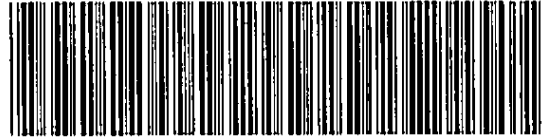
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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FEB 16 2022
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDDY BANXS L.L.C

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:

EDSON JOHAO PRADO ARIAS

Name of Person

EDDY BANXS, L.L.C

Firm/Company

8423 SHADOW CT

Address

CORAL SPRINGS FL 33071

City/State and Zip Code

lj@luisjoelvazquezpa.com

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

For further information concerning this matter, please call:

LUIS J VAZQUEZ

954

242-0034

at (_____)

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: EDDY BANXS L.L.C

SECOND: The Florida Document Number of the limited liability company is: L21000525989

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

7446 ROYAL PALM BLVD

MARGATE, FL 33063

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

7446 ROYAL PALM BLVD

MARGATE, FL 33063

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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.

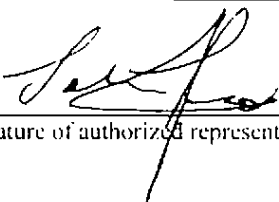
a. Granted to: EDSON JOHAO PRADO ARIAS

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: EDSON JOHAO PRADO ARIAS

b. No authority granted to: _____



Signature of authorized representative

EDSON JOHAO PRADO ARIAS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)