

L22000077957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

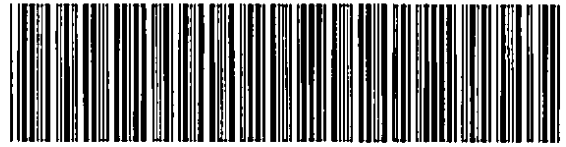
(Business Entity Name)

(Document Number)

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FILED

2022 APR 22 PM 3:44

S. OF. OF. STATE
TALLAHASSEE, FL

6/16/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 825 MIRAMAR CT, 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:

MATTHEW JOHN SOLDAVINI

Name of Person

MATTHEW JOHN SOLDAVINI, PA

Firm/Company

79110TH ST. S SUITE 301

Address

NAPLES, FL 34102

City/State and Zip Code

MATT@SWFLACPA.COM

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

For further information concerning this matter, please call:

MATTHEW JOHN SOLDAVINI 239 262-7230
Name of Person at () 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

FILED

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

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FIRST: The name of the limited liability company is: 825 MIRAMAR CT, LLC

STATE
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L22000077957

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

791 10TH ST. S SUITE 301

NAPLES FL 34102

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: _____

b. No authority granted to: ANY INDIVIDUAL MANAGER, WITHOUT
CONSENT OF ALL MANAGERS

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

a. Granted to: UNANIMOUS CONSENT OF ALL MANAGERS

b. No authority granted to: ANY INDIVIDUAL MANAGER, WITHOUT
CONSENT OF ALL MANAGERS


Signature of authorized representative

MATTHEW J. SOLDAVINI MGR

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)