

W220001341676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

IS
AUG 05 2022

Office Use Only



700391747617

FILED
AUG 4 PM 6:00
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
AUG 4 PM 6:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 08/04/22

NAME: CAPRI DEVELOPERS LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPRI DEVELOPERS 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:

JORGE SAVI.OFF

Name of Person

c/o CAPRI DEVELOPERS LLC

Firm/Company

1111 KANE CONCOURSE , 217

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

supraski@supraskilaw.com

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

For further information concerning this matter, please call:

Louis A. Supraski

at (305) 792-0060

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: CAPRI DEVELOPERS LLC

FILED
JUG -11-18-07
SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L22000134676

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

1111 Kane Concourse, Suite 217

Bay Harbor Islands, FL 33154

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

1111 Kane Concourse, Suite 217

Bay Harbor Islands, FL 33154

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.

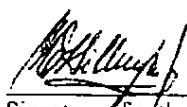
a. Granted to: Jorge Savloff or Hugo Silbergleit, each an Authorized Signatory

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: Jorge Savloff or Hugo Silbergleit each an Authorized Signatory

b. No authority granted to:


Signature of authorized representative

Hugo Silbergleit and Jorge Savloff
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)