

L. 22 000252062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

J. HORNE
FEB 24 2023

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TALLAHASSEE, FLORIDA

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DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
- Division of Corporations

SUBJECT: Professional GTA Recovery 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:

Roberto Trejos-Torrez
Name of Person

Professional GTA Recovery LLC
Firm/Company

1113 Joes Road
Address

Tallahassee FL 32305
City/State and Zip Code

roberto@ProfessionalGTA.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Trejos-Torrez at (850) 405-5785
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: Professional GTA Recovery LLC

SECOND: The Florida Document Number of the limited liability company is: L 22000252062

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

1113 JOES ROAD
Tallahassee, FL
32305

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

1113 JOES ROAD
Tallahassee, FL.
32305

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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.

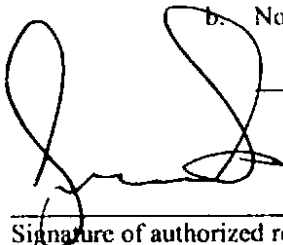
a. Granted to: Only Roberto Trejos-Torrez

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: Only Roberto Trejos-Torrez

b. No authority granted to: _____



Signature of authorized representative

Roberto Trejos-Torrez
Typed or printed name of signature

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