

L24000 146 339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

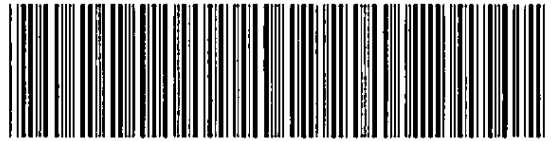
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2024 MAY -3 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOS GATOS INVERSIONES 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:

JULIE G COHEN

Name of Person

STROCK & COHEN, ZIPPER LAW GROUP, P.A.

Firm/Company

2900 GLADES CIRCLE STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G COHEN

954

659-2220

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

2024 MAY -3 PM 9:19
SECRET
TALLAHASSEE

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: LOS GATOS INVERSIONES LLC

SECOND: The Florida Document Number of the limited liability company is: L24000146339

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

2134 MADEIRA DRIVE

WESTON, FL 33327

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

615 LIVE OAK LANE

WESTON, FL 33327

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.

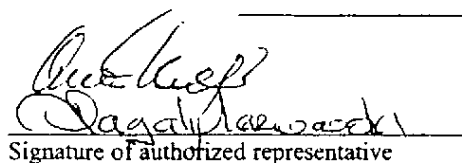
a. Granted to: ANTONIO M. VIDAL YOLDI, MAGALY C
HERNANDEZ DARIAS or JON ANDER VIDAL HERNANDEZ

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: ANTONIO M. VIDAL YOLDI, MAGALY C
HERNANDEZ DARIAS or JON ANDER VIDAL HERNANDEZ

b. No authority granted to: _____


Signature of authorized representative

ANTONIO M. VIDAL YOLDI
MAGALY C HERNANDEZ DARIAS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)