

L990000000956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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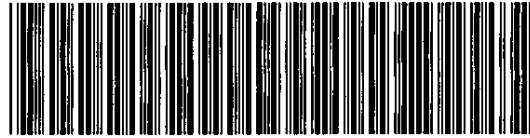
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 30 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Hotel, 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:

Robert A. Feingold

Name of Person

RA Feingold Law & Consulting, P.A.

Firm/Company

401 E. Las Olas Boulevard, Suite 1400

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

rtasmar@yahoo.com

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

For further information concerning this matter, please call:

Robert A. Feingold

Name of Person

954
at ()

Area Code

967 2575

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: Tampa Hotel, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L99000000856

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

4732 N. Dale Mabry Highway

Tampa, FL 33614

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

29850 Northwestern Highway, Suite 200

Southfield, MI 48034

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: Amer Asmar

b. No authority granted to: Any other member

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

a. Granted to: Amer Asmar

b. No authority granted to: Any other member


Signature of authorized representative

Amer Asmar

Typed or printed name of signatory

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

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TAMPA, FLORIDA

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