

01/25/2019

12:42 PM

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TO: 18506175383

FROM: 3053629525

Pages 2

L99000004864

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PEREIRA LAW, P.A.
Account Number : 120160000080
Phone : (305) 821-5122
Fax Number : (305) 362-9525

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: OCruz.DCC@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CUBRASA L.L.C.

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JAN 28 2019

A. LUNT

2019 JAN 25 PM 1:44

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUBRASA 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:

Francisco O. Cruz

Name of Person

CUBRASA L.L.C.

Firm/Company

4300 SW 74 Avenue

Address

Miami, FL 33155

City/State and Zip Code

ocruz.DOC@gmail.com

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

For further information concerning this matter, please call:

Francisco O. Cruz

at (305)

827-1072

Name of Person

Area Code

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

CR2E138 (2/14)

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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: CUBRASA L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L99000004864

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

4300 SW 74 Avenue

Miami, FL 33155

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

P.O. Box 126337

Hialeah, FL 33012

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.

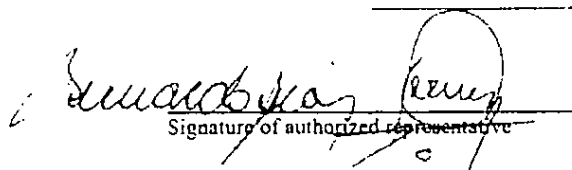
a. Granted to: _____

b. No authority granted to: _____

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

a. Granted to: Francisco O. Cruz and Bernardo C. Dias

b. No authority granted to: _____


Signature of authorized representative

Bernardo C. Dias and

Francisco O. Cruz

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

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