

AD300000094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

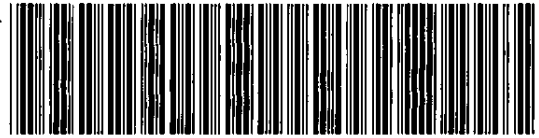
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700168451027

02/26/10--01039--013 **52.50

Amendment
AD3-94

FILED
10 FEB 26 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

MAR 1 - 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fleet Wheels, LTD.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Laurie Conn
Contact Person

Fleet Wheels LTD
Firm/Company

272 SE 5th AVE
Address

Delray Beach, FL 33483
City, State and Zip Code

laurie.conn@fleet1e7se.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Conn at (561) 266-8704
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Fleet Wheels, LTD

Insert name currently on file with Florida Department of State

FILED
10 FEB 26 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 11/17/2003, assigned Florida document number A03000000094, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address: _____

(Must be STREET address)

New Mailing Address: _____

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Laurie Conn

New Registered Office Address:

272 SE 5th AVE

Enter Florida street address

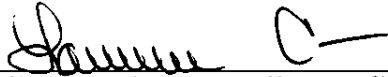
Delray Beach, Florida

City

33483
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



 If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>Michael P. Sherson</u>	<u>272 SE 5th AVE</u> <u>Delray Bch, FL</u> <u>33483</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>Ronald Sanders</u>	<u>272 SE 5th AVE</u> <u>Delray Bch, FL</u> <u>33483</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 10 FEB 20 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

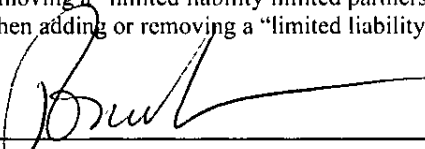
(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

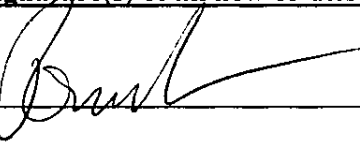
Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

x 
Please see attached

Signature(s) of all new or dissociating general partner(s), if any:

x 

FILED
10 FEB 26 AM 10:00
SEC. OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. 609-8064

1. DECEDENT'S NAME (First, Middle, Last, Suffix) MICHAEL PAUL SHEINSON SEX Male

3. DATE OF BIRTH (Month, Day, Year) January 23, 1944 4. AGE Last Birthday 65 5. UNDER 1 YEAR None 6. UNDER 1 DAY None 7. DATE OF DEATH (Month, Day, Year) August 12, 2009

8. SOCIAL SECURITY NUMBER 162-36-6175 9. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Pennsylvania 10. COUNTY OF DEATH Palm Beach

11. PLACE OF DEATH (Check only one): HOSPITAL Hospital facility Non-Hospital Emergency Room/Outpatient Dead on Arrival Decedent's Home Other (Specify)

12. FACILITY NAME (If not institution, give street address) Hospice By the Sea 13. CITY, TOWN, OR LOCATION OF DEATH Boca Raton 16. INSIDE CITY LIMITS Yes

14. MARRIAGE STATUS (Specify) Married Married, Divorced Widowed Divorced Never Married Rebecca Danesh

14a. RESIDENCE - STATE Florida 14b. COUNTY Palm Beach 15. CITY, TOWN, OR LOCATION Highland Beach

14d. STREET ADDRESS 4304 Intracoastal Dr 14e. APT. NO. None 14f. ZIP CODE 33487 16. INSIDE CITY LIMITS Yes

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Owner/Operator 15b. KIND OF BUSINESS/INDUSTRY Vehicle Remarketing

18. DECEDENT'S RACE (Specify the race(s) to indicate what decedent considered himself/herself to be. More than one race may be specified.) White

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin) No

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) High school but no diploma 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? No

20. FATHER'S NAME (First, Middle, Last, Suffix) David Aaron Sheinson 21. MOTHER'S NAME (First, Middle, Last, Suffix) Shirley Butler

22a. INFORMANT'S NAME Dr. Rebecca Danesh 22b. RELATIONSHIP TO DECEDENT Wife 22c. INFORMANT'S MAILING STATE Florida

23a. CITY OR TOWN Highland Beach 23b. STREET ADDRESS 4304 Intracoastal Dr 23c. ZIP CODE 33487

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) ABCO Crematory 25a. LOCATION - STATE Florida 25b. LOCATION - CITY OR TOWN Fort Lauderdale

26a. METHOD OF DISPOSITION Burial 26b. CREMATION, DONATION OR BURIAL AT SEA None 26c. APPROVAL GRANTED BY Yes

27a. LICENSE NUMBER OF LICENSEE F019844 27b. SIGNATURE OF FUNERAL HOME LICENSEE OR PERSON ACTING AS SUCH [Signature]

28. NAME OF FUNERAL FACILITY Boca Raton Funeral Home 28a. LOCAL REGISTRAR SIGNATURE [Signature] 28b. DATE FILED BY REGISTRAR (Month, Day, Year) AUG 07 2009

29. CITY OR TOWN Boca Raton 29a. STREET ADDRESS 9050 Kimberly Blvd, #65 29b. ZIP CODE 33434

30. CERTIFIER Certifying Physician Medical Examiner Peter A. Radice, MD

31a. (Signature and Title of Certifier) Peter A. Radice, MD 31b. DATE SIGNED (Month/Day/Year) August 4, 2009 31c. TIME OF DEATH (24 Hr) 0146 31d. MEDICAL EXAMINER'S CASE NUMBER None

32. LICENSE NUMBER OF CERTIFIER ME 36243 33. NAME OF ATTENDING PHYSICIAN (If other than Certifier) None

34. CERTIFIER'S STATE Florida 34a. CITY OR TOWN Boca Raton 34b. STREET ADDRESS 1531 W Palmetto Park Rd 34c. ZIP CODE 33432

37. PROBABLE MANNER OF DEATH (The following are under the jurisdiction of the medical examiner): Accident Suicide Homicide Pending Investigation Unexplained

41. CAUSE OF DEATH - PART I: Enter the SEASON, DISEASE, INJURY, or COMPLICATION - if all directly caused the death, enter only one cause on a line (See instructions on back) Prostate Cancer

42. IMMEDIATE CAUSE (Final disease or condition resulting in death) Prostate Cancer

43. UNDERLYING CAUSE (Disease or injury that initiated the sequence of events resulting in death) None

44. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY None 45. DATE OF SURGERY (Mo, Day, Yr) None 46. DID TOBACCO USE CONTRIBUTE TO DEATH? No

47. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? No

48. DATE OF INJURY (Month, Day, Year) None 49. TIME OF INJURY (24 Hr) None 49a. INJURY AT WORK? No 49b. LOCATION OF INJURY - STATE None

49c. CITY OR TOWN None 49d. STREET ADDRESS None 49e. APT. NO. None 49f. ZIP CODE None

50. DESCRIBE HOW INJURY OCCURRED None 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) None

52a. Status of Decedent Driver/Operator 52b. Type of Vehicle Car/Truck

VOID IF ALTERED OR ERASED

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

CAUSE OF DEATH TO BE COMPLETED BY MEDICAL CERTIFIER

Pearlie Brown

AUG 07 2009

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD

