

AD3000000094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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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

Name of Contact Person

at ( 561 ) 266-8704

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

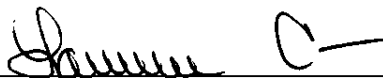
New Registered Office Address:

272 SE 5th AVE  
*Enter Florida street address*

Delray Beach, Florida 33483  
*City 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>Ronzld 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
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
10 FEB 20 AM 10:00  
SECRETARY OF STATE  
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.

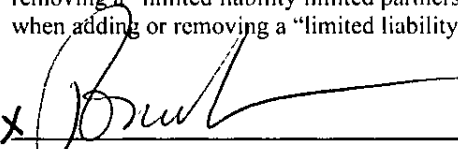
**(NOTE:** *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)*

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

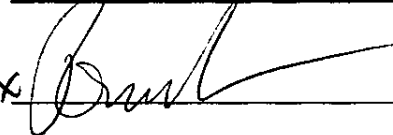
Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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

CERTIFIED COPY

## FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. 609-8064

DECEASED'S NAME (First, Middle, Last, Suffix) MICHAEL PAUL SHEINSON SEX Male

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

6. SOCIAL SECURITY NUMBER 162-36-6175 7. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Pennsylvania 8. COUNTY OF DEATH Palm Beach

9. PLACE OF DEATH (Check only one) HOSPITAL Emergency Room/Outpatient Dead on Arrival  
 (Check only one) NON HOSPITAL Hospice facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)

10. FACILITY NAME (If not institution, give street address) Hospice By the Sea 11a. CITY, TOWN, OR LOCATION OF DEATH Boca Raton 11b. INSIDE CITY LIMITS Yes

12. MARITAL STATUS (Specify) Married Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (If sole, give maiden name) Rebecca Danesh

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

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

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

16. DECEASED'S RACE (Specify the race(s) to which decedent considered himself/herself to be. More than one race may be specified.)  
White Black or African American American Indian or Alaskan Native (Specify) Asian Native Hawaiian Guamanian or Chamorro Other Pacific Is. (Specify) Other (Specify)

17. DECEASED OF HISPANIC OR LATIN ORIGIN? (Specify if decedent was of Hispanic or Latin Origin) Yes (If Yes, specify) No Mexican Porto Rican Cuban Central/South American Other Hispanic (Specify) Other (Specify)

18. DECEASED'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death)  
8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify) Associate Bachelor's Master's Doctorate

19. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 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 DECEASED Wife 22c. INFORMANT'S MAILING ADDRESS 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

25c. METHOD OF DISPOSITION Burial Entombment Cremation Donation to Medical School Other (Specify)

26a. IF CREMATION, DONATION OR BURIAL AT SEA 27a. LICENSE NUMBER OF LICENSEE F019844 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]

28. NAME OF FUNERAL FACILITY Boca Raton Funeral Home 28a. CITY OR TOWN Boca Raton 28b. STREET ADDRESS 9050 Kimberly Blvd., #65 28c. ZIP CODE 33434

29. CERTIFIER [Signature] Certifying Physician Medical Examiner Other (Specify) 30. DATE SIGNED (Month/Day/Year) August 4, 2009 31. TIME OF DEATH (24 hr.) 0146 32. MEDICAL EXAMINER'S CASE NUMBER 0146

33a. CERTIFIER'S STATE Florida 33b. CITY OR TOWN Boca Raton 33c. STREET ADDRESS 1531 W. Palmetto Park Rd. 33d. ZIP CODE 33432

34. SUBREGISTRAR [Signature] 35a. LOCAL REGISTRAR'S SIGNATURE [Signature] 35b. DATE FILED BY REGISTRAR (Month/Day/Year) AUG 07 2009

36. PROBABLE MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Undetermined 37. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No

38. CAUSE OF DEATH - PART I (See instructions on back) Prostate Cancer 39. IMMEDIATE CAUSE (Final disease or condition resulting in death) Prostate Cancer

40. UNDERLYING CAUSE (Disease or injury that initiated the sequence of events resulting in death) Prostate Cancer

41. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY 42a. DATE OF SURGERY (Month/Day/Year) 42b. WAS AN AUTOPSY PERFORMED? Yes No 42c. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

43. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? Yes No Unknown 44. DATE OF INJURY (Month/Day/Year) 45. TIME OF INJURY (24 hr.) 46. INJURY AT WORK? Yes No 47. LOCATION OF INJURY - STATE 48. CITY OR TOWN 49. STREET ADDRESS 49a. APT. NO. 49b. ZIP CODE

50. DESCRIBE HOW INJURY OCCURRED 51. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)

52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify) 52b. Type of Vehicle Car/Mercedes SUV Motorcycle Pickup Truck/Car/Van Bus Heavy Transport Other (Specify)

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)

36189619

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH