

L00000002905

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

FEB 01 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palm-Coast, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Amer Asmar  
Name of Person

Palm-Coast, LLC  
Firm/Company

29850 Northwestern Hwy. Ste 200  
Address

Southfield, Michigan 48034  
City/State and Zip Code

hmasmar@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Amer Asmar at ( 248 ) 557-5454  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Palm-Coast, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/09/2000

Florida document number L00000002905

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

29850 Northwestern Hwy. Ste 200

Southfield, Michigan 48034

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. 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:

Amer Asmar

New Registered Office Address:

4732 North Dale Mabry

*Enter Florida street address*

Tampa

*City*

, Florida

33614

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Amer Asmar*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Mgrm	Amer Asmar	29850 Northwestern Hwy. Ste 200 Southfield, Michigan 48034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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Member	Julian Mandody		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	Ron Asmar	4732 N. Dale Mabry Tampa FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated 01/25/2011

Signature of a member or authorized representative of a member

Amer Asmar

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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<b>Detail by Entity Name</b>					
<b>Florida Limited Liability Company</b>					
PALM-COAST, L.L.C.					
<b>Filing Information</b>					
Document Number	L00000002905				
FEVEIN Number	753003956				
Date Filed	03/09/2000				
State	FL				
Status	ACTIVE				
Last Event	LC AMENDMENT				
Event Date Filed	01/31/2011				
Event Effective Date	NONE				
<b>Principal Address</b>					
29850 NORTHWESTERN HWY SUITE 200 SOUTHFIELD MI 48034 Changed 01/31/2011					
<b>Mailing Address</b>					
29850 NORTHWESTERN HWY SUITE 200 SOUTHFIELD MI 48034 Changed 01/31/2011					
<b>Registered Agent Name &amp; Address</b>					
ASMAR, AMER 4732 NORTH DALE MABRY TAMPA FL 33614 US Name Changed: 01/06/2011 Address Changed: 05/09/2001					
<b>Manager/Member Detail</b>					
<b>Name &amp; Address</b>					
Title MGRM					
ASMAR, RON 4732 N DALE MABRY TAMPA FL 33614					
Title MGRM					
ASMAR, AMER 29850 NORTHWESTERN HWY, STE 200 SOUTHFIELD MI 48034					
<b>Annual Reports</b>					
<b>Report Year Filed Date</b>					
2008	01/16/2008				
2009	02/02/2009				
2010	01/14/2010				
<b>Document Images</b>					

*Altho*  
*GERLDINE @ 850 245 6030*  
*PER our phone*  
*Conversation*  
*Please Remove*  
*RON ASMAR FROM List*  
*Thank you so much!*

*AMER ASMAR*  
*248 557 5454 OFFICE*  
*248 705 1025 CELL*

*delete*

*OK.*

*Thanks!*