

9/24/2014

U300029714

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000224607 3)))



H140002246073ABC-

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To:

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

From:

Account Name : ZIES, WIDERMANN & MALEK
Account Number : I2003000045
Phone : (321)255-2332
Fax Number : (321)255-2351

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

Email Address: PZIES1@CFL-RR.COM

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14 SEP 25 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZIES OHIO REAL ESTATE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

14 SEP 25 AM 11:09

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SEP 26 2014
S. YOUNG

From: ZIES WIDERMANN MALEK

321 255 2351

09/25/2014 10:02

#779 P.002/002

H14000224607 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
ZIES OHIO REAL ESTATE, LLC
a Florida limited liability company

FIRST: The Articles of Organization were filed on September 13, 2013 and assigned document number L13000129719.

SECOND: This amendment is submitted to amend the following:

"ARTICLE I - NAME:

The name of the Limited Liability Company is: ZIES FAMILY HOLDINGS, LLC."

Dated and effective 9/24, 2014.



Leonor G. Zies, Manager

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14 SEP 25 AM 9:56
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TALLAHASSEE, FLORIDA

H14000224607 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD6000071591
1. Limited Liability Company's Name Cocoa Beach, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
11446 Canyon Maple Blvd.
Suite, Apt. #, etc.
City & State
Davie, FL
Zip
33330 Country
US

3. Mailing Office Address
P.O. Box 550823
Suite, Apt. #, etc.
City & State
Fort Lauderdale FL
Zip
33355 Country
US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/18/2006

6. FEI Number

205320842

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Alex D. Sirulnik, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2199 Ponce De Leon Blvd.
Suite, Apt. #, Etc.
Suite 301
City
Coral Gables State
FL Zip Code
33134

600264516456
03/19/14--01023--016 **516.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date

9/18/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MGR</u>	<u>Tarek AL-Fassi</u>	<u>11446 Canyon Maple Blvd.</u>	<u>Davie FL 33330</u>

11. E-mail Address: DJS @ sirulniklaw.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

9/18/14

Daytime Phone #

3054437211

Typed or printed name of signing Authorized Representative/Manager

Alex D. Sirulnik

Auth. Rep.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.
IF YOU NEED ASSISTANCE, PLEASE CALL THE REGISTRATION SECTION AT (850) 245-6051.

- Block 1** Enter the limited liability company's document number and name. The name of the limited liability company cannot be changed by way of this application. The name may be changed by filing an amendment with our Registration Section. Please call the Registration Section at (850) 245-6051 for information on filing a name change.
- Block 2** Enter the limited liability company's principal place of business address. (A post office box is not acceptable)
- Block 3** Enter the limited liability company's mailing address. (A post office box is acceptable)
- Block 4** Enter state or country, if other than U.S., under the laws of which entity was formed.
- Block 5** Enter the date organized or qualified with this office.
- Block 6** Enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" was previously reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4933.
- Block 7** Your cancelled check will be your filing acknowledgement unless a certificate of status is requested in Block 7 and an additional \$5.00 is submitted to cover its fee. Certificates of status will be mailed to the limited liability company's mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 8** Section 605.0113, Florida Statutes, requires all foreign and domestic limited liability companies to continuously maintain a registered agent and registered office in this state. The business office of the registered agent must be the same as the registered office pursuant to section 605.0113, Florida Statutes, and the registered office must a Florida street address.
- Block 9** The designated registered agent must indicate familiarity with Chapter 605, F.S., and acceptance of its obligations and this appointment by completing and signing Block 9. **ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT** in accordance with section 605.0715 and 605.0113, F.S. If the registered agent does not sign, the application will be rejected
- Block 10** Enter the name, title and street address of each manager or authorized representative. Use the following abbreviations: MGR = Manager; and AR = Authorized Representative. MGR- A person outside the company who will manage the company AR- A person who is a member and also manages the company. Attach additional sheets if necessary. Enter the entity's e-mail address. This will be used for future annual report notices.
- Block 11** Enter the entity's e-mail address. This should be used for future annual report notices.
- Block 12** Block 12 must be signed by current authorized representative or manager listed in Block 10 or an attachment. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES: Reinstatement Fee.....\$100.00
Annual Report Fee.....\$138.75 (For each year or a part of a year dissolved)
Minimum Amount Due.....\$238.75

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

COURIER SERVICE ADDRESS:
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Phone: (850) 245-6051

INTERNET ADDRESS:
www.sunbiz.org

Yolanda Katon

From: Diego Sirulnik
Sent: Tuesday, September 16, 2014 3:19 PM
To: Yolanda Katon
Subject: FW: L06000071591 - COCOABEACH, LLC

850-245-6051

FYI...THIS ONE DID NOT GO THROUGH!!!

-----Original Message-----

From: OnlineWebRein@dos.state.fl.us [mailto:OnlineWebRein@dos.state.fl.us]
Sent: Tuesday, September 16, 2014 3:18 PM
To: DJS@SIRULNIKLAWS.COM
Subject: L06000071591 - COCOABEACH, LLC

✓ Cocoabeach of Florida LLC

Your reinstatement could not be processed online, the business entity name listed above is no longer available. You must submit an amendment changing the name of your business entity with a completed reinstatement application, as well as the appropriate filing fees for each. Links to the amendment and reinstatement forms are indicated below. When you have completed the reinstatement and amendment forms, attach a check and mail both forms together to: Florida Department of State, Division of Corporations, PO Box 6327, Tallahassee, FL 32314. Make the check payable to the Florida Department of State.

If you have questions, please call the appropriate filing section.

For Corporations, call 850-245-6059. For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

516.25

<http://form.sunbiz.org/pdf/cr2e049.pdf> Amendment Form

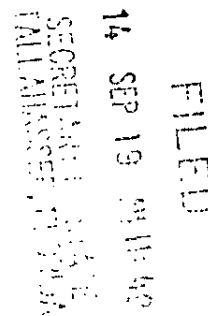
<http://form.sunbiz.org/pdf/cr2e041.pdf> Reinstatement Form

@ItsWorkingFL: <https://twitter.com/ItsWorkingFL> The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to www.fl500.com.

The Department of State is committed to excellence. Please take our Customer Satisfaction Survey:

<http://survey.dos.state.fl.us/index.aspx?email=OnlineWebRein@dos.myflorida.com>

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14 SEP 19 7:11:48
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TALLAHASSEE, FLORIDA

Name (Last, First, Middle, Title) AL-FASSI, TAREK
Street Address 11446 CANYON MAPLE BLVD.
City, State DAVIE, FL
Zip Code & Country 33330



Title RA
Signature of Authorized Person ALEX D. SIRULNIK

Please review the filing for accuracy. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you click 'Continue' below, your document will be submitted to a filing examiner and the information entered cannot be changed.

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State of Florida, Department of State

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14 SEP 19 12:11:40
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TALLAHASSEE, FL 32304

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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COCOABEACH, LLC

ATTENTION: Names of administratively dissolved or revoked business entities are held for a period of one year. Since the above named business entity has been administratively dissolved or its status revoked for a period of more than one year, the name of this business entity must be checked for availability before a reinstatement application can be processed.

To continue the "online" reinstatement process, press "Continue" below. The reinstatement application containing the most recent information on file with this office will be displayed. Make any additions, deletions or changes necessary and insert a valid email address. Next, press "Continue" and verify the data contained in your application. If the information is correct, simply print a copy of the application for your records and then press "Continue." If the information is incorrect, use the back button on your browser to return to the previous page and make the necessary corrections.

Once you press "Continue" your document will be submitted to an examiner for review. If the name of the business entity is available, you will receive an email instructing you to complete the payment process. If the name is not available, you will receive an email instructing you to submit a name change amendment with the reinstatement application and mail them to us for processing.

The estimated charge for your filing is: **\$516.25****

****Certificates of Status and Certified Copies will incur additional charges.**

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State of Florida, Department of State

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14 SEP 19 2014
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Officer/Registered Agent Name****Florida Limited Liability Company**

COCOABEACH, LLC

Filing Information

Document Number	L06000071591
FEI/EIN Number	205320842
Date Filed	07/18/2006
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/28/2012
Event Effective Date	NONE

Principal Address5111 PINE TREE DRIVE
MIAMI BEACH, FL 33140**Mailing Address**5111 PINE TREE DRIVE
MIAMI BEACH, FL 33140**Registered Agent Name & Address**WEIL, NORMAN I, ESQ.
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131

Registered Agent Resigned: 09/20/2013

Authorized Person(s) Detail**Name & Address**

Title MGR

AL-FASSI, TAREK
5111 PINE TREE DRIVE
MIAMI BEACH, FL 33140**Annual Reports**

Report Year	Filed Date
2009	07/10/2009
2010	04/30/2010

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16 SEP 19 14:11:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2011 02/23/2011

Document Images

<u>09/20/2013 -- Reg. Agent Resignation</u>	View image in PDF format
<u>02/23/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/30/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/10/2009 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/19/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/11/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/18/2006 -- Florida Limited Liability</u>	View image in PDF format

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