

L1700026L792

(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



500403762825

03/06/23 10:10:15 001 \*\*29.00

FILED  
2023 MAR -6 PM 2:12  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

R. HUNT

03/06/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PALM HARBOR GRILL 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:

KATE MESIC, ESQUIRE

Name of Person

LAW OFFICES OF KATE MESIC, PA

Firm/Company

6550 ST. AUGUSTINE ROAD, SUITE 305

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

KATE@MESICLAW.COM

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

For further information concerning this matter, please call:

KATE MESIC, ESQUIRE

904 619-2510  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2023 MAR -6 PM 2:12  
CLERK OF STATE  
TALLAHASSEE, FL

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rute C. Pascoal	46 Colombia Lane	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlos M. Oliveira	6 Kayne Court	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christina J. Oliveira	6 Kayne Court	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2023 MAR -6 PM 2:12  
CLERK OF STATE  
TALLAHASSEE, FL

FILED  
2023 MAR -6 PM 2:12  
CLERK OF STATE  
TALLAHASSEE, FL

2023/4/8 - 6 PM 2:12  
OFFICE OF STATE  
ATTORNEY  
TALLAHASSEE, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 02-28-2023

R. Carins Sa

Signature of a member or authorized representative of a member

Rute C. Pascoal a/k/a Rute C. Sa

R. Carine Sa

Typed or printed name of signee

**Filing Fee: \$25.00**