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19 JUN 11 PM 3:01

COMMONS  
JUN 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PREMINENT AUTOHAUS, 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:

FERNANDO DE ARNAS

Name of Person

PREMINENT AUTOHAUS, LLC

Firm/Company

10099 NW 89TH AVE UNIT 9

Address

MEDLEY / FL 33178

City/State and Zip Code

PREMINENT AUTOHAUS@GMAIL.COM

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

For further information concerning this matter, please call:

FERNANDO DE ARNAS

Name of Person

at ( 786 ) 253-5671

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

PREEMINENT AUTO HAUS, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>
ANBR	PAUL LA BARRIE	30830 SW 19 <sup>TH</sup> AVE,	<input type="checkbox"/> Add
		HONESTEAD FL, 33030	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEBASTIAN JULAO	4421 JOHNSON ST.	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL, 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

19 JAN 11 PM 3:01

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 01, 08 . 2019 .

Signature of a member or authorized representative of a member

FERNANDO DE ARMAS

Typed or printed name of signee