

L18000213130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

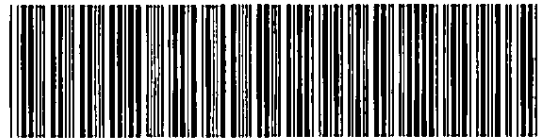
(Document Number)

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2022 FEB -4 PM 7:56

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 09 2022



Rec'd
2/4/22

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2022

MANUEL ALVARE, III
2600 MCCORMICK DR
STE 200
CLEARWATER, FL 33759

SUBJECT: PRIVATE INSURANCE SERVICES, LLC
Ref. Number: L18000213130

We have received your document for PRIVATE INSURANCE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L21000451571.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 522A00001943



February 2, 2022

Octavia L. Simmons
Regulatory Specialist II Supervisor
Florida Dept. of State
Division of Corporation
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303-4112

RE: Name conflict document number L21000451571
Your letter number 522A00001943

Dear Ms. Simmons:

Thank you for your 1/25/2022 correspondence. This letter is written on behalf of Newcoast Insurance Services, LLC which filed a Voluntary Dissolution on 1/11/2022. I am the authorized representative for Newcoast Insurance Services, LLC and ask that you please accept this letter as confirmation that the name of Newcoast Insurance Services, LLC can be released for use by another entity as there is no intention of reinstating.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael H. McLamb', written over a horizontal line.

Michael H. McLamb
Authorized Representative
Newcoast Insurance Services, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Private Insurance Services, 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:

Manuel Alvare, III
Name of Person
MarineMax, Inc.
Firm/Company
2600 McCormick Drive, Suite 200
Address
Clearwater, FL 33759
City/State and Zip Code
Brenda.shirer@marinemax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Alvare, III 727 228-8086
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

Private Insurance Services, LLC

2022 FEB -4 PM 7: 56

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

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on September 7, 2018 and assigned
Florida document number L18000213130

This amendment is submitted to amend the following:

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

Newcoast Insurance Services, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2600 McCormick Drive, Suite 200

(Principal office address MUST BE A STREET ADDRESS)

Clearwater, FL 33759

Enter new mailing address, if applicable:

same

(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:

New Registered Office Address:

Enter Florida street address

Florida

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 as provided for in Chapter 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00