

L23000138838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

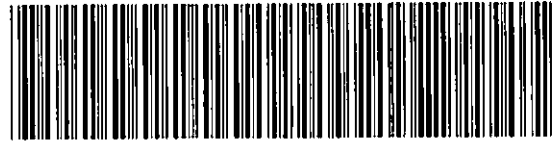
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200404498272

FILED
2023 APR 10 AM 10:56
CLERK OF COURT
STATE
OF FLORIDA

RECEIVED
2023 APR 10 PM 2:50
ALL APASST

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE , 4/10/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1135757

ORDER ENTITY

AAR PROPERTY A LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

AAR PROPERTY A LLC (FL)

File the attached amendment and provide a certificate of status.

NOTES:

\$30.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: Registration Section
Division of Corporations**

AAR Property A 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:

Ian Shainbrown

Name of Person

AAR Property LLC

Firm/Company

10201 Collins Ave, 1802N

Address

Bal Harbour, FL 33154

City/State and Zip Code

propertya@pswcap.com

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

For further information concerning this matter, please call:

Ian Shainbrown

917

538-7881

at ()

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 Address:

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

FILED

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

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	AAR Property LLC	10201 Collins Ave., 1802 N	<input checked="" type="checkbox"/> Add
		Bal Harbour, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BBRO Senior Rentals LLC	17096 Castlebay Ct	<input type="checkbox"/> Add
		Boca Raton, FL 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PSW Capital LLC	10201 Collins Ave., 1802 N	<input type="checkbox"/> Add
		Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2023 JUN 10 AM 10:30
OFFICE OF STATE
TREASURER, FL

2023 JUN 10 AM 10:56
DEPT. OF STATE
TALLAHASSEE, FL

100

(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.

Dated April 10, 2023

[Handwritten signature]

Signature of a member or authorized representative of a member

Ian Shainbrown Esq.

Typed or printed name of signee

Filing Fee: \$25.00