

MO9 00000 3456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

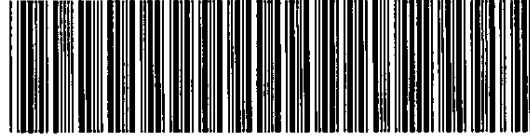
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 AUG 11 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 12 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PALISADES POINTE LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary Osemond  
Name of Person

Avesta  
Firm/Company

5118 N 56<sup>th</sup> Street  
Address

Tampa, FL 33610  
City/State and Zip Code

gvtnotices @ avesta.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zachary Osemond at ( 813 ) 444-1600  
Name of Person Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

### Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

(Previously Received)

CR2E055 (9/15)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2016

MELANIE TOQUICA  
5118 N 56TH STREET, SUITE 201  
TAMPA, FL 33610

SUBJECT: PALISADES POINTE LLC  
Ref. Number: M09000003456

2016 AUG 11 PM 4:18  
TALLAHASSEE, FLORIDA

We have received your document for PALISADES POINTE 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 form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 516A00016038

2016 AUG 11 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Polisades Pointe LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: MO9000003456

3. Jurisdiction of its organization: Mississippi

4. Date authorized to do business in Florida: 09/01/2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
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MGRM	THRASH, IKE	59 AT 98 Place Blvd	<input type="checkbox"/> Add
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		Hattiesburg, MS 39402	<input checked="" type="checkbox"/> Remove
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MGRM	5800 University LLC	5118 N 56 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
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		Tampa, FL 33610	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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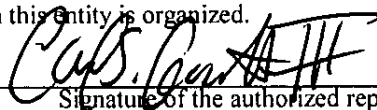
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative



Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE  
ALLAHUSSAYFI, FLORIDA

16 AUG 11 AM 10:09

FILED