

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000305388 3)))



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To:	District of Commontant	
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		;
110	Account Name : FLAGLER DEVELOPMENT GROUP, LL	٠
	·	٠,
	Account Number : I20020000144	: : : :
	Phone : (305)520-2344	, ,
	Fax Number : (305)520-24 00	
		•

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fwa11	Address:	

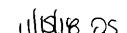
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRAL FARE LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Central Fare LLC	
	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning th	
Jessica Perez	
Name of Person	
	,
Firm/Company	
117 NE 1st Avenue, 11th F	Floor
Address	
Miami, FL 33132	
City/State and Zip Cod	le
kolleen.cobb@feci.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter	please call:
Jessica Perez	305 520-2366
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 Statu	S55 Filing Fee & S60 Filing Fee,
CR2E055 (9/15)	

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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 Comp		on the records of the	he Florida Department of	f		
State: Central Fare LLC			·			
Enter new principal office address,	, if applicable:					
Principal office address MUST BE A STREET ADDRESS	S					
Fatar and mailing address if and	ioobler					
Enter new mailing address, if applications (Mailing address)				· .		
MAY BE A POST OFFICE BOX					271 1111	1
2. The Florida document number of	of this limited liab	sility company is:	M16000008918		U	š.,
3. Jurisdiction of its organization:	Delaware			٠. سريت ١٠٠ سريت	b: 50	•
4. Date authorized to do business	in Florida: 11/7	7/2016	and death and death and death and 1994 to the St.			
SECTION II (5-9 complete only	the applicable c	hanges)				
5. New name of the limited liability	ity company: (must	contain "Limited I	Liability Company, ""L.	L.C.," or	LLC.	·")
(If name unavailable, enter alterna copy of the written consent of the must contain "Limited Liability C	managers or man	aging members ad	transacting business in F opting the alternate name	lorida ar c. The ab	id attach ternate n	- ı a ıame
6. If amending the registered agen registered agent and/or the new re	gistered office ad	dress here:	n our records, enter the r	name of t	he new	
Name of New Registered Agent:						-
New Registered Office Address:	117 NE 1s	t Avenue, 11		,		~
	Mis		Enter Florida Street Ada		32	
		City	Florid	a 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 us 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 the amend	ment changes person, title or capacity in acco	ordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
IP	Snyder, Marshall Bruce	117 WE 1ST Avenue 11th Floo	Se □Add
		Miami, FL 33132	N Remove
76	Anderson, Mouricio H.	117 UE 15, Avenue 14, Flor	X ∰Add
		Hami, FL 33132 "	. CRemov
			Add
			Remove
		·····	Add
		<u> </u>	Remove
			Add
N 4 1 1 1 1 1 1 1 1 1 1 1 1 1			. Remove
aforementic	a certificate, if required: no more than 90 doned amendment(s), duly authenticated by tunder the law of which this cruity is organity.	he official having custody of records in the zed.	c
	Kolleen Q.P. C	ne authorized representative	

Filing Fee: \$25.00