

A08 000000435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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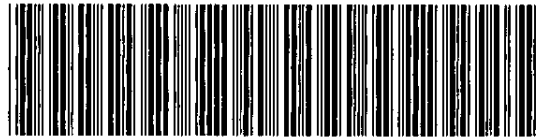
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

NOV - 7 2008

EXAMINER

A08-435

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEALERSHIP EQUITY LIMITED PARTNERSHIP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A08000 000 435

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BUTCH CARTER

(Contact Person)

CG GROUP, LLC

(Firm/Company)

5108 FAIRWAY OAKS DRIVE

(Address)

WINDERMERE, FL, 34786

(City, State and Zip Code)

For further information concerning this matter, please call:

BUTCH CARTER

(Name of Contact Person)

at ( 416 ) 203-2442

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

INHS04 (01/06)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DEALERSHIP EQUITY LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. APRIL 10, 2008  
Date of filing/registration in Florida

3. A08 000 000 435  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BARBARA A. BURKE  
Name

5108 FAIRWAY OAKS DRIVE  
Address

WINDERMERE, FL 34786  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

BUTCH CARTER  
Name

5108 FAIRWAY OAKS DRIVE  
Florida street address (P.O. Box not acceptable)

WINDERMERE FL 34786  
City, State and Zip

6. ~~See~~ change(s) is/are effective when filed by the Florida Department of State.

Butch Carter  
Signature of General Partner

*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.*

Butch Carter  
Signature of Registered Agent

Filing Fee: \$35.00

~~Certified Copy (optional): \$52.50~~

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TALLAHASSEE, FLORIDA

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