

A09 000 000 879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

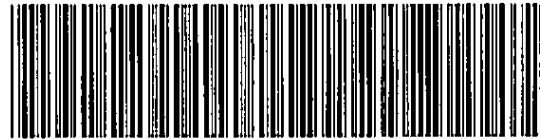
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R. WHITE

MAR 03 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Caret Group, LLLP

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Andrew Levy

\_\_\_\_\_  
Name of Person

Frank, Weinberg & Black, P.L.

\_\_\_\_\_  
Firm/Company

1875 NW Corporate Blvd., Suite 100

\_\_\_\_\_  
Address

Boca Raton, FL 33431

\_\_\_\_\_  
City/State and Zip Code

alevy@fwblaw.net

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

For further information concerning this matter, please call:

Andrew Levy

561

989-0700

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2021

ANDREW LEVY  
1875 NW CORPORATE BLVD STE 100  
BOCA RATON, FL 33431

SUBJECT: CARET GROUP LLLP  
Ref. Number: A09000000879

We have received your document for CARET GROUP LLLP 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 LIMITED LIABILITY COMPANY, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

THE FEE TO FILE STATEMENT OF CHANGE OF REGISTERED AGENT FOR LP IS \$35.00

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 921A00002586

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Caret Group LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A09000000879

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:

Andrew Levy

\_\_\_\_\_  
Contact Person

Frank, Weinberg & Black, PL

\_\_\_\_\_  
Firm/Company

1875 NW Corporate Blvd., Suite 100

\_\_\_\_\_  
Address

Boca Raton, FL 33431

\_\_\_\_\_  
City, State and Zip Code

noreenhassan2@aol.com

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

For further information concerning this matter, please call:

Andrew Levy at ( 561 ) 989-0700

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

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

**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

**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. Caret Group LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/14/2009

Date of filing/registration in Florida

3. A09000000879

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:

Noreen Hassan

Name

1100 Holland Drive

Address

Boca Raton, FL 33487

City, State and Zip

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

Noreen Hassan

Name

6010 Le Lac Road

Florida street address (P.O. Box not acceptable)

Boca Raton FL 33496

City, State and Zip

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

Noreen Hassan  
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.*

Noreen Hassan  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**