

A96000000946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

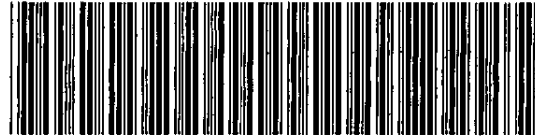
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG - 6 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPITAL ASSET RESEARCH CORPORATION, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A96000000946

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:

Linda S. Rudy

(Contact Person)

TAXSERV, LLC

(Firm/Company)

1665 Palm Beach Lakes Blvd., Suite 730

(Address)

West Palm Beach, FL 33401

(City, State and Zip Code)

For further information concerning this matter, please call:

Linda S. Rudy

(Name of Contact Person)

at ( 561 ) 682-0877

(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)

**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. CAPITAL ASSET RESEARCH CORPORATION, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/22/1996

Date of filing/registration in Florida

3. A96000000946

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:

CT Corporation System

Name

1200 South Pine Island Rd.

Address

Plantation, FL 33324

City, State and Zip

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

James P. Paul, Esq.

Name

3030 Rosewood Court

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

Davie

FL 33328

City, State and Zip

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

Loide S. Rudy

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 an accept the obligations of my position as registered agent.*

James P. Paul

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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