# L03000042237

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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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### TRANSMITTAL LETTER

TO: Registration : Division of C	Section Corporations		
SUBJECT:		ERS CLUB USA LL imited Liability Company)	<u>.c.</u>
	of Amendment and fee(s) are s	-	
Please return all corres	spondence concerning this matt	er to the following:	
	TON	(Name of Person)	
	DAVIOS .	INVETTMENT (Firm/Company)	STNZ
	753 C	Cony F. Davids Dak Shadows Road tion F!. 34747 U.S.A.	
_	(Cit	y/State and Zip Code)	
For further information	n concerning this matter, please	cail:	04 SEC TALL
	(Name of Person)	at (407) 9 (Area Code & Daytime	
Enclosed is a check for the	ne following amount:	•	FLORIDE TO
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

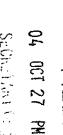
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CARRY CARRY COMPANY)  (Name of Limited Liability Company)
DOCUMENT NUMBER: LO 3 0000 42237
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Tony F. Davids 753 Oak Shadows Road
Celebration Fl. 34747 U.S.A.
(1) Control of the co
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (40) 927 7// (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399





#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 18, 2004

TONY DAVIDS DAVIDS INVESTMENTS INC. 753 OAK SHADOWS ROAD CELEBRATION, FL 34747

SUBJECT: CARRS BARBERS CLUB

Ref. Number: L03000042237

We have received your document for CARRS BARBERS CLUB and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct your amendment by showing the names, titles, and addresses of the new managers or managing members: you may use an attachment to the amendment if you need more space. Please correct your registered agent form by signing the last line of the form. The other forms you submitted are not necessary and are being returned marked "not needed."

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 904A00059637

# Davids Investments Inc.

753 Oak Shadows Road Celebration, Florida, 34747

October 26, 2004

Florida Department Of State Division Of Corporations PO Box 6327 Tallahassee, Fl, 32314

Dear Sir/madam

Ref: L03000042237

Please be advised that Davids Investments Inc. is now the new owner of Carrs Barbers Club LLC and has appointed Tony F Davids as registered agent.

Many thanks,

Faithfully yours,

President

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SECRETARIAN SERVICE FI ORID

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CARRS	BARBERS	aus U			
	<u></u>	(Present (A Florida Limited L	Name) iability Company)			. • •
FIRST:	The Articles of Organization document number _ LO30	were filed on000004-2237.	T 31-200	23 and assign	ed	
SECOND	The following amendmen liability company:	t(s) to the Articles	of Organization	was/were adopte	ed by the limited	
	RESIGNATION	OF I T. E.	MAGNAY	AS OF	ficers of	(OULAN)
			MAGNAY			
	RESIGNATION	of T.E.	MAGNAY	AS REG	ISTERED (	tsent.
	APPOINT MENT					
	APPOINTMENT	of new	officees	, of the	COMPAN	N.
	•					
Dated	10/11/04		•	er , <del>s.</del> .		
		A.	A		'n	
	Signature o	f a member or authoris	ed representative (	of a member	O. SE TAL	q
		10	AUIDS		CONE LAM	
		Typed or printed i	name of signee		CT 27	<u> </u>
		Filing Fee:	\$25.00		7 PN 1:18	FILED

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: CARES BARGERS CLUB WALLC.
2. The mailing address of the limited liability company is: 1014 BANKS RUSE ST.
CELEGRATION, FL 84747.
10-31-2003 L0300042237.
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
THOMAS EDWARD MAGNAY  Name
1014 BANKI RUSE ST. Address
City, State and Zip
6. The name and address of the new registered agent and/or office:
DAVIDS INVESTMENTS INC (TONY DAV
Plorida st Tony F. Davids Dle) P01-108808
753 Oak Shadows Road
Celebration Fl. 34747 U.S.A.
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
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 anties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered affect address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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

**FILING FEE: \$25.00** 

INHS18(10/99)