

LD5000022523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 31 AM 9:00

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J. SAULSBERRY
EXAMINER
JAN 07 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2012

CARM, L.L.C.
1320 ABINGTON CAMBS
LAKE FOREST, IL 60045

SUBJECT: CARM, L.L.C.
Ref. Number: L05000022523

This letter is a second attempt to notify you that our records indicate the registered agent of the above entity resigned and currently does not have a new registered agent designated. Enclosed along with this letter is a copy of the first letter dated November 2, 2012 and a change of registered agent form. Please, respond immediately to avoid administrative dissolution for registered agent.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Gary Blankenbaker
Document Specialist

Letter Number: 012A00027859

FILED
2012 DEC 31 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2012

CARM, L.L.C.
1320 ABINGTON CAMBS
LAKE FOREST, IL 60045

SUBJECT: CARM, L.L.C.
Ref. Number: L05000022523

FILED
2012 DEC 31 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Our records indicate the registered agent for the above named limited liability company resigned on September 21, 2012 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6051.

Gary Blankenbaker
Document Specialist
Division of Corporations

Letter Number: 312A00026790

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. Name of the limited liability company: Carm LLC
2. (a) Principal office address of limited liability company: 5797 Harbour Circle
Cape Coral FL 33914
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 1320 Abington Cambs
Lake Forest IL
60045
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 4/22/08
4. Document number: 205000022523
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Harvey Rollings
Registered Office Address: 1633 SE. 47th Ter
Cape Coral FL
33904
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Thomas Cippincone

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

5797 Harbour Circle
Cape Coral
33914

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]
Signature of a member or authorized representative of a member

Thomas Cippincone
Printed or typed name of signer

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 as provided for in Chapter 608, 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.

Signature of Registered Agent

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

FILING FEE: \$25.00