

L 05000094671

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Carlan LLC

(Name of Corporation)

DOCUMENT NUMBER: L05000094671

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

Please return all correspondence concerning this matter to the following:

Gary Martin

(Name of Contact Person)

Carlan LLP

(Firm/Company)

1902 Cimmaron Run Drive

(Address)

Valrico, FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Martin

(Name of Contact Person)

at ( 813 ) 681-4014

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: CARLAN LLC

2. The mailing address of the limited liability company is: \_\_\_\_\_

1902 CIMMARON RUN DR VALARICO FL 33594

3. Date of filing/registration in Florida SEPTEMBER 14 2005 4. Document number LOS000094671

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

GARY A MARTIN  
Name  
~~1902 CIMMARON RUN DR~~  
Address  
VALARICO FL 33594  
City, State and Zip

3202  
Lithia  
Pinecrest  
Road

6. The name and address of the new registered agent and/or office:

SAME  
Name  
1902 Cimmaron Run Drive  
Florida street address (P.O. Box NOT acceptable)  
SAME FL  
City, State and Zip

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.

Gary A Martin  
(Signature of a member or authorized representative of a member)

GARY A MARTIN  
(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.*

Gary A Martin  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
06 APR 13  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE