

U05000104436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

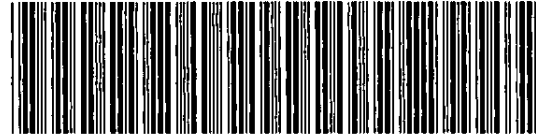
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
OCT 16 2008  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CD Enterprises, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Eckard, Esq.

(Name of Person)

Law Office of Robert Eckard & Associates, P.A.

(Firm/Company)

3110 Alternate US Hwy. 19 N

(Address)

Palm Harbor, FL 34683

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert Eckard, Esq.

(Name of Person)

at ( 727 ) 772-1941

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

**LAW OFFICE OF  
ROBERT D. ECKARD  
& ASSOCIATES, P.A.**  
*A Professional Association*

3110 Alternate US 19 N.  
Suite A  
Palm Harbor, FL 34683

Telephone: (727) 772-1941  
Facsimile: (727) 771-7940  
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Licensed to Practice:  
All Florida State Courts\*  
Middle District of FL-Fed Courts\*  
United States Supreme Court<sup>1</sup>  
United States Court of Intl Trade<sup>2</sup>



July 17, 2008

State of Florida  
Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: CD Enterprises, FEI No. 20-3714708**

To Whom It May Concern:

Our office represents CD Enterprises and Jamie Duncan.

Enclosed please find the Limited Liability Company Reinstatement form that has been completed by my client, along with a check payable to the Division of Corporations in the amount of \$255.00.

This amount includes the reinstatement fee, \$50.00 for each of the three years dissolved, as well as \$5.00 for a certified copy.

Should you have any questions regarding the content of this letter or the enclosed documentation, please do not hesitate to give me a call.

Sincerely,

**LAW OFFICE OF ROBERT D. ECKARD  
& ASSOCIATES, P.A.**

**Joni Butler, Paralegal to  
ROBERT D. ECKARD, ESQUIRE**

JB/  
Enclosures

**LAW OFFICE OF  
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Licensed to Practice:  
-All Florida State Courts\*  
-Middle District of FL-Fed Courts+  
-United States Supreme Court<sup>1</sup>  
-United States Court of Intl Trade<sup>2</sup>

October 3, 2008

State of Florida  
Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: CD Enterprises, FEI No. 20-3714708; Reinstatement and  
Name Change**

To Whom It May Concern:

Our office represents CD Enterprises of Florida, LLC and Jamie Duncan.

Enclosed please find:

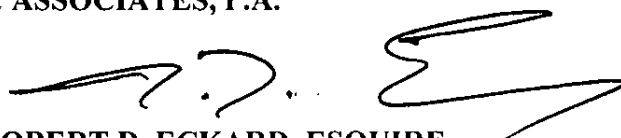
1. A completed Limited Liability Reinstatement form;
2. Cover letter
3. Articles of Amendment
4. July 24, 2008 Letter from Division of Corporations
5. A check payable to the Division of Corporations in the amount of \$446.25.

Should you have any questions regarding the content of this letter or the enclosed documentation, please do not hesitate to give me a call.

Return all documents to our firm, not the client

Sincerely,

**LAW OFFICE OF ROBERT D. ECKARD  
& ASSOCIATES, P.A.**



**ROBERT D. ECKARD, ESQUIRE**

Enclosures  
Cc: Jamie Duncan



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CD Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 1, 2005 and assigned  
Florida document number L05000106436

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CD Enterprises of Florida, LLC Tampa Bay, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

12015 Wandsworth Dr.

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33626

Enter new mailing address, if applicable:

Same as above

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Robert Eckard, Esq.

New Registered Office Address:

3110 Alternate US Hwy. 19 N

(Enter Florida street address)

Palm Harbor

(City)

Florida 34683

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*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.*

(If Changing Registered Agent, Signature of New Registered Agent)

FROM :

FAX NO. :

Oct. 20 2005 10:55AM P1

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

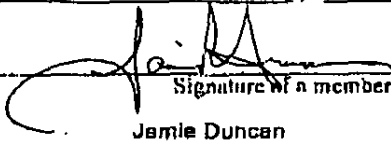
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

8-19-08



Signature of a member or authorized representative of a member

Jamie Duncan

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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