

LD5000117658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 18 PM 4:02

N. Carlson MAY 18 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2011

DEAN L KARNS  
605 BELVEDERE RD #15  
WEST PALM BEACH, FL 33405

SUBJECT: C & D LIMITED, LLC  
Ref. Number: L05000117658

We have received your document for C & D LIMITED, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 211A00011241

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: C & D LIMITED, 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:

**DEAN L KARNS**

Name of Person

**C & D LIMITED, LLC**

Firm/Company

**605 BELVEDERE RD #15**

Address

**WEST PALM BEACH, FL 33405**

City/State and Zip Code

**GMAGLIN@AOL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DEAN L KARNS**

Name of Person

at ( 561 )

**805-7528**

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 18 PM 4:02

**C & D LIMITED, 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 12/05/2005 and assigned  
Florida document number L05000117658.

This amendment is submitted to amend the following:

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

**C & D LIMITED OF PALM BEACH, LLC**

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

523 OGSTON STREET

SUITE A

WEST PALM BEACH, FL 33405

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

523 OGSTON STREET

SUITE A

WEST PALM BEACH, FL 33405

**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:

New Registered Office Address:

523 OGSTON STREET, STE A

*Enter Florida street address*

WEST PALM BEACH

*City*

, Florida

33405

*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

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>
MGR	KARNS, DEAN L	820 VIA VILLAGIO	<input type="checkbox"/> Add
		HYPOLUXO, FL 33462	<input type="checkbox"/> Remove
MGR	BALDWIN, CARL L JR	11086 88TH RD N	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33412	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated April 28, 2011

*Dean L Karns*  
 Signature of a member or authorized representative of a member

DEAN L KARNS

Typed or printed name of signee

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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