

L060000031234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

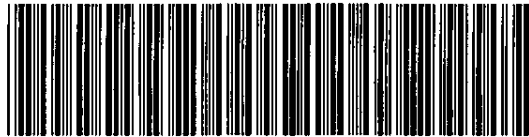
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Resignation

TB

1/14/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARR'S, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L06000031234

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:

BETH ANN GAUSE, ESQ.  
(Name of Person)

FASSETT, ANTHONY & TAYLOR, P.A.  
(Name of Firm/Company)

1325 WEST COLONIAL DRIVE  
(Address)

ORLANDO, FLORIDA 32804  
(City/State and Zip Code)

For further information concerning this matter, please call:

BETH ANN GAUSE at ( 407 ) 872-0200  
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

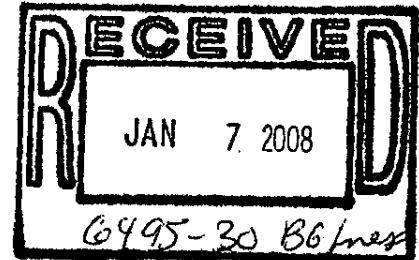


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 2, 2008

BETH AN GAUSE, ESQ.  
FASSETT, ANTHONY & TAYLOR, P.A.  
1325 W COLONIAL DRIVE  
ORLANDO, FL 32804

SUBJECT: CARR'S, LLC  
Ref. Number: L06000031234



*Scanned to File.*

We have received your document for CARR'S, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 608A00000147

FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JAN 14 AM 8:00

RECEIVED

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**BETH ANN GAUSE, ESQ.**

(Name of Registered Agent)

Registered Agent for **CARR'S, LLC**

(Name of Limited Liability Company)

**L06000031234**

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**FILED**  
2008 JAN 14 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA