

L06000032797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AL

Office Use Only



800078416228

08/07/06--01026--021 \*\*25.00

FILED  
2006 AUG -7 P 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** CT ITALIA, LLC.

(Name of Limited Liability Company)

2006 AUG -7 P 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN N. PARKS

(Name of Person)

CUERVO & PARKS, P.A.

(Firm/Company)

P.O. BOX 811000

(Address)

BOCA RATON, FL 33481-1000

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN N. PARKS

(Name of Person)

at ( 954 ) 923-8260

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

igned limited  
or registered

**FILED**

~~2006 AUG -7 P 1:23~~  
~~SECRETARY OF STATE~~  
~~TALLAHASSEE, FLORIDA~~

- INHS18 (8/05)