

L06000056170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

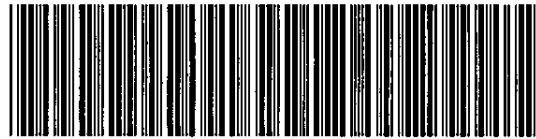
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
07 AUG - 8 PM 3:43

JB

THE CART DOCTOR LLC X



July 19, 2007

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
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To Whom It May Concern:

My document number is: L06000056170.

On June 30, 2007, I submitted to you my principal location address change
to be: 3511 St. Augustine Road
Jacksonville, FL 32207

Thank you for completing this request. However, the registered agents name will
remain the same, but the address should ALSO be changed to:

3511 St. Augustine Road
Jacksonville, FL 32207

We have no interest or affiliation anymore with the Powers Avenue address.
It should be deleted from all our current information on file with you.

Our P.O. Box will remain the same. If I need to provide you with any other
Information, please respond to me via mail with what I need. If this written
Notice of this change is all that you require, then, thank you.

Thank you for your assistance with the matter.

Michael D. Chute
cc

W
BRYAN

JUL 24 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2007

MICHAEL D. CHUTE
THE CART DOCTOR LLC
P.O. BOX 48061
JACKSONVILLE, FL 32247-8061

SUBJECT: THE CART DOCTOR, L.L.C.
Ref. Number: L06000056170

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Upon receipt of your letter, no document was found. Please complete the following document and return with any fees due.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 307A00046204

look for
ck# 5187
for \$25.00
enclosed
thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CART DOCTOR, L.L.C.
(Name of Limited Liability Company)

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:

MICHAEL D. CHUTE
(Name of Person)

THE CART DOCTOR, L.L.C.
(Firm/Company)

P.O. BOX 48061
(Address)

JACKSONVILLE, FL 32247-8061
(City/State and Zip Code)

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For further information concerning this matter, please call:

CYNTHIA CHUTE at (904) 390-1992
(Name of Person) (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

**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: THE CART DOCTOR, L.L.C.
2. The mailing address of the limited liability company is: P.O. BOX 48061
JACKSONVILLE, FL 32247-8061
3. Date of filing/registration in Florida: MAY 25, 2006
4. Document number: L06000056170

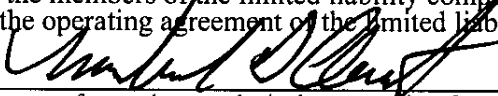
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MICHAEL D. CHUTE
Name
6541 POWERS AVE, SUITE 5
Address
JACKSONVILLE, FL 32217
City, State and Zip

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

MICHAEL D. CHUTE
Name
3511 ST. AUGUSTINE ROAD
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE, FL 32207
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.


(Signature of a member or authorized representative of a member)

MICHAEL D. CHUTE
(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.


(Signature of Registered Agent)

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

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