

L07000051985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Theris
2-10-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARTAK, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000051985

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:

Roberto Jakubowicz
Name of Person

Name of Firm/Company

11000 NW 29 St. # 200
Address

Doral, FL 33172
City/State and Zip Code

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

For further information concerning this matter, please call:

Roberto Jakubowicz at (305) 592-5599
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

LAW OFFICES
Camner Lipsitz
PROFESSIONAL ASSOCIATION
SUITE 700
550 BILTMORE WAY
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 442-4994
FAX (305) 442-2389

February 4, 2011

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: CARJACK, LLC

Dear Sir/Madam:

Enclosed please find a check in the amount of \$85.00 together with a Resignation of Registered Agent.

Sincerely,



Maria C. Ruiz
Legal Assistant

enc.

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,

Marc Lipsitz, hereby resigns as
Name of Registered Agent

Registered Agent for CarJak, LLC
Name of Limited Liability Company

L07000051985
Document Number, if known

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TALLAHASSEE, FLORIDA

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.

X Marc Lipsitz
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