

#L07000069784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

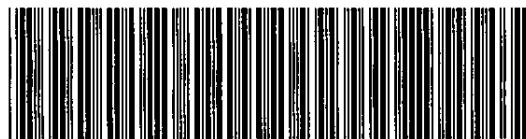
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700234653817

06/12/12--01005--007 \*\*85.00

FILED  
12 JUN 11 PM 1:47  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JUN 13 2012

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARRERA COPINGS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 26-1748958

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:

GARRETT BLACKBURN  
Name of Person

CARRERA COPINGS LLC  
Name of Firm/Company

411 1/2 BAYVIEW BLVD.  
Address

OLDSMAR, FL 34677  
City/State and Zip Code

garrettmblackburn@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LENA PINCUS at ( 727 ) 424 0107  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

GARRETT BLACKBURN

Name of Registered Agent

, hereby resigns as

Registered Agent for

CARRERA COPINGS LLC

Name of Limited Liability Company

~~26-1748958~~ #L07000069784

Document Number, if known

FILED  
12 JUN 11 PM 1:47  
SECRETARY OF STATE  
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.

[Signature]

Signature of Resigning Agent

If signing on behalf of an entity:

GARRETT BLACKBURN

Typed or Printed Name

PRES. / OWNER

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