

LD910000043143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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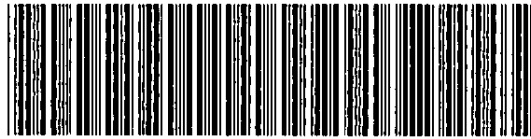
Special Instructions to Filing Officer:

**L. SELLERS**

JUN - 1 2009

**EXAMINER**

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05/29/09--01012--020 \*\*25.00

FILED  
09 MAY 29 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARTHAGO LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NODIRBEK TALIPOV

Name of Person

TAXPROS ACCOUNTING

Firm/Company

4547 EDGEWATER DRIVE

Address

ORLANDO, FL 32804

City/State and Zip Code

NODIRBEK@HOTMAIL.COM

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

For further information concerning this matter, please call:

OUADHAH BEN RHOUMA

Name of Person

at ( 407 )

491-9823

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    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION**

**FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

CARTHAGD LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Please remove the following two managing members from the LLC:

Mohamed Ben Mime

Imen Ben Rejeb

Only one MGRM to remain on LLC (Ouadhah Ben Rhouma)

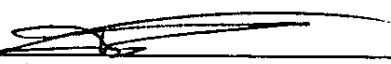
**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: May 27, 2009.

  
Signature of a member or authorized representative of a member

Nodirbek Talipov

Typed or printed name of signer

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**FILED**  
**09 MAY 29 AM 8:07**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA