

210000024543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

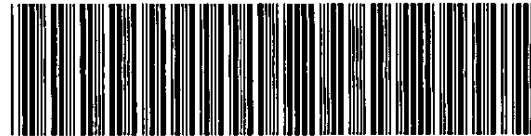
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000299967330

06/12/17--01015--017 **25.00

FILED
17 JUN 12 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 13 2017

Y SULKER

Invoice # 981b170605

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carver Investment Trust, LLC

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:

Joel L. Tabas

Name of Person

Tabas & Soloff, P.A.

Firm/Company

25 SE 2nd Avenue, Suite 248

Address

Miami, Florida 33131

City/State and Zip Code

jtabas@tabassoloff.com

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

For further information concerning this matter, please call:

Joel L. Tabas

Name of Person

305

375-8171

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

7490065

HOT

981-00-63180.00

\$25.00

Pg 1 of 2

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a) Tabas & Soloff, P.A.

Miami, Florida 33131

5. (a) Tabas & Soloff, P.A.

Miami, FL 33132

(b) Tabas & Soloff, P.A.

Miami FL 33131

(b) **Tabas & Soloff, P.A.**

Miami, Florida 33131

4. Document number

FILED
17 JUN 12 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
072

Joel L. Tabas

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)