

L110000 44745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

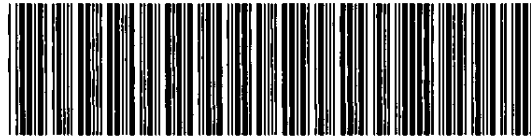
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DEC 6 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAR ONE AUTO REPAIR LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JOHN CARONE

Name of Person

Firm/Company

1495 S CYPRESS ROAD

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

taxadvisors@bellsouth.net

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

For further information concerning this matter, please call:

JOHN CARONE

Name of Person

at (**954**) **941-8831**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

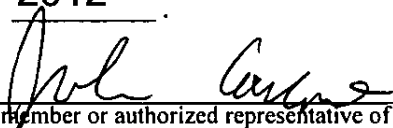
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GARY CONSTANTINO	1495 S CYPRESS RD	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Remove
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Add
Remove
Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 29, 2012.



Signature of a member or authorized representative of a member
JOHN CARONE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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