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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 26 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CARRIERE RE HOLDING II, 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:

CHRISTINE A. HILL

Name of Person

KIRSCHNER & LEGLER, PA

Firm/Company

1431 RIVERPLACE BOULEVARD, STE. 910

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

cahill@leglerlaw.com

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

For further information concerning this matter, please call:

CHRISTINE A. HILL

Name of Person

at (**904**) **346-3200**

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

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TALLAHASSEE, FLORIDA
ords.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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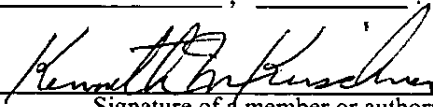
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY _____, 2013



Signature of a member or authorized representative of a member

KENNETH M. KIRSCHNER

Typed or printed name of signee

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Filing Fee: \$25.00