## P99000103842

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2009

CARIKA, INC. 9740 N.W. 52ND PL. CORAL SPRINGS, FL 33076

SUBJECT: CARIKA, INC. Ref. Number: P99000103842

Our records indicate the registered agent for the above named corporation resigned on November 19, 2009 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain Regulatory Specialist II Division of Corporations

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Letter number: 709A00036780

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida.
	FC 33076
5. The name and street address of the current registe	
Florida Department of State: (If resigned, enter re	• •
	d agent (if changed) and /or registered office
	Ph St.  Pox NOT acceptable  33027
	street address of the business office of its registered agent,
Signature of an officer or director	Printed or typed name and title  ent and agree to act in this capacity.  Il statutes relative to the proper and complete performance are obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the lange.  12 3009  Date
Typed or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*