


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90051 020 \*\*\*\*55.00

**DOCUMENT # L05000050395**

1. Entity Name  
**CARONE PAPERHANGING, LLC**



Principal Place of Business  
**2156 SE HERRON AVE.  
 PORT ST. LUCIE, FL 34952**

Mailing Address  
**2156 SE HERRON AVE.  
 PORT ST. LUCIE, FL 34952**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

08222006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**CARONE, JOHN J  
 2156 SE HERRON AVE.  
 PORT ST. LUCIE, FL 34952**

4. FEI Number  
**044-36-4728**

Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/ MANAGERS			10. ADDITIONS/ CHANGES		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR CARONE, JOHN 2156 SE HERRON AVE. PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<i>N/A</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<i>N/A</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<i>N/A</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_