2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000102907

1. Entity Name
PETER J CARONE, LLC

10162013 Chg-LLC CR2E083 (12/11)

Principal Place of Business	Mailing Address
210 SE SAILFISH LN STUART, FL 34996 US	210 SE SAILFISH LN STUART, FL 34996 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 26-1208931 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARONE, PETER 210 SE SAILFISH LN STUART, FL 34996	Name Street Address (P.O. Box Number is 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 27, 2013

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARONE, PETER J 210 SE SAILFISH LN STUART, FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900253370169 10/30/13--01029--002 **138.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Peter J Carone 10/22/13 PetecFLNC@AOL.COM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — E-MAIL ADDRESS

Corporations Payments Tools Activity shawkes
Information

Annual Report Filing History

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Session

Transaction ID	Description	Filing Stage
l07000102907-af5cc879-de1e-492e-8c0e-a7c33459e72b	Session file for l07000102907 with last modified date of 3/21/2013 4:34:20 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
149667a2-13b4-4753-9c1e-4b0a508d1288	L07000102907	0	2	4/12/2012 12:00:00 AM
4689ffe7-ed32-49bc-972a-91f3e74f9854	L07000102907	0	2	4/16/2011 12:00:00 AM
91779b22-615c-4059-b503-de2993aac324	L07000102907	0	2	4/27/2010 12:00:00 AM
l07000102907-af5cc879-de1e-492e-8c0e-a7c33459e72b	L07000102907	138.75	0	3/21/2013 4:34:22 PM

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