

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000002341

1. Entity Name
CARAPACE, LLC



Principal Place of Business
5065 BUFORD HIGHWAY, SUITE #600
NORCROSS, GA 30071

Mailing Address
8705C BOLLMAN PLACE
SAVAGE, MD 20763

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2267306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

David G. Groves

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 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THE JOY COMPANIES, INC.
5355 KILMER PLACE
HYATTSVILLE, MD 20781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KEN JOY, LLC
5355 KILMER PLACE
HYATTSVILLE, MD 20781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DOUG GROVES, LLC
5355 KILMER PLACE
HYATTSVILLE, MD 20781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/28/08-80004-005 (538.75)

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IN THIS SPACE**

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:

David G. Groves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #