


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90071 035 ***143.75

DOCUMENT # M07000005956

1. Entity Name
CARROLL'S, LLC



Principal Place of Business
**4281 OLD DIXIE HIGHWAY
 HAPEVILLE, GA 30354**

Mailing Address
**4281 OLD DIXIE HIGHWAY
 HAPEVILLE, GA 30354**

2. Principal Place of Business - No P.O. Box #
823 Donald Ross Rd.

3. Mailing Address
823 Donald Ross Rd.

Suite, Apt. #, etc.

City & State
Juno Beach, FL

City & State
Juno Beach, FL

Zip
33409

Country

Zip
33409

Country

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
58-0867357

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**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAY, LAWRENCE C		NAME	
STREET ADDRESS 7111 FAIRWAY DRIVE, SUITE 201		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	
TITLE Vice President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Potts, William M.		NAME	
STREET ADDRESS 7111 Fairway Dr, Suite 201		STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33418		CITY-ST-ZIP	
TITLE CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Miller, Timothy		NAME	
STREET ADDRESS 7111 Fairway Dr, Suite 201		STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33418		CITY-ST-ZIP	
TITLE Controller	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Benko, Kyle		NAME	
STREET ADDRESS 7111 Fairway Dr, Suite 201		STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33418		CITY-ST-ZIP	
TITLE President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Olsen, Erik		NAME	
STREET ADDRESS 7111 Fairway Dr, Suite 201		STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33418		CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hendee, Susan		NAME	
STREET ADDRESS 7111 Fairway Dr, Suite 201		STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33418		CITY-ST-ZIP	

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] Date: **1-21-08** Daytime Phone #: **562270955**

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