

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122627

**Entity Name:** 319 CAROLINA LLC

**Current Principal Place of Business:**

1001 EAST ATLANTIC AVENUE  
SUITE 202  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1000 MARKET ST  
SUITE 300  
PORTSMOUTH, NH 03801

**FEI Number:** 59-3829695

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRITCHFIELD, RICHARD H  
1001 EAST ATLANTIC AVENUE  
SUITE 202  
DELRAY BEACH, FL 33483 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WALSH, MARK  
Address 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name WALSH, MICHAEL  
Address 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name WALSH, WILLIAM  
Address 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name ADE, RICHARD C  
Address 1000 MARKET STREET, SUITE 300  
City-State-Zip: PORTSMOUTH NH 03801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD C. ADE

**MANAGER**

**01/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date