## 2015 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

### 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

## Authorized Person(s) Detail :

	Title	MGR	Title	MGR
	Name	WALSH, MARK	Name	WALSH, MICHAEL
	Address	1001 EAST ATLANTIC AVENUE, SUITE 202	Address	1001 EAST ATLANTIC AVENUE, SUITE 202
	City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	DELRAY BEACH FL 33483
	Title	MGR	Title	MGR
	Name	WALSH, WILLIAM	Name	ADE, RICHARD C
	Address	1001 EAST ATLANTIC AVENUE, SUITE 202	Address City-State-Zip:	1000 MARKET STREET, SUITE 300 PORTSMOUTH NH 03801
	City-State-Zip:	DELRAY BEACH FL 33483	Gity-State-Zip.	

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.

MANAGER

# SIGNATURE: RICHARD C. ADE

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 16, 2015 Secretary of State CC7157336834

Certificate of Status Desired: No

Date

01/16/2015 Date