

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117448

**Entity Name:** CARLYLE ONE, LLC

**Current Principal Place of Business:**

C/O FEDDER MANAGEMENT CORP.  
10096 RED RUN BOULEVARD, SUITE 300  
OWINGS MILLS, MD 21117

**Current Mailing Address:**

3590 MISTLETOE LANE  
LONGBOAT KEY, FL 34228 US

**FEI Number:** 20-8010900

**Certificate of Status Desired:** No

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

FEDDER, JOEL D  
3590 MISTLETOE LANE  
LONGBOAT KEY, FL 34228 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 MGRM  
Name REVOCABLE TRUST OF JOEL D.  
FEDDER  
Address 3590 MISTLETOE LANE  
City-State-Zip: LONG BOAT KEY FL 34228

Title MGRM  
Name POLLOKOFF, ROBERT G  
Address 10096 RED RUN BLVD, SUITE 300  
City-State-Zip: OWINGS MILLS MD 21117

*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:** ROBERT G. POLLOKOFF

MGRM

03/11/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date