## 2016 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:**

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

FEI Number: 20-8010900 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARTEN, MORRIS L 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: MORRIS L. GARTEN 04/15/2016

Electronic Signature of Registered Agent

Date

**FILED** Apr 15, 2016

**Secretary of State** 

CC8641976278

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

REVOCABLE TRUST OF JOEL D. Name Name POLLOKOFF, ROBERT G

**FEDDER** 

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

City-State-Zip:

10096 RED RUN BOULEVARD, SUITE

Address

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

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

04/15/2016 Date