

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006574

**Entity Name:** MARK & CAROL RENEE CARTER, L.L.C.

**Current Principal Place of Business:**

48 WEST MITCHELL AVE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

48 WEST MITCHELL AVE  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 26-4092696

**Certificate of Status Desired:** No

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

KEVIN M. HELMICH, P.A.  
4405 COMMOMS DRIVE EAST, SUITE 102  
DESTIN, FL 32541 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 CARTER, MARK  
Address 48 WEST MITCHELL AVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MGR  
Name CARTER, CAROL RENEE  
Address 48 WEST MITCHELL AVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** CAROL RENEE' CARTER

**MANAGER**

**01/21/2015**

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

\_\_\_\_\_  
Date