# SIGNATURE: JUAN CARLOS ILLOLDI DAVALOS

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000128689

Entity Name: CARLTARK ONE LLC

#### **Current Principal Place of Business:**

5555 COLLINS AVE. 8K MIAMI, FL 33140

## **Current Mailing Address:**

5555 COLLINS AVE. 8K MIAMI, FL 33140 FL

## FEI Number: 30-0808901

## Name and Address of Current Registered Agent:

JUAN CARLOS ILLOLDI DAVALOS 5555 COLLINS AVE. 8K MIAMI, FL 33140 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	MGRM	Title	MGRM
Name	ILLOLDI DAVALOS, JUAN CARLOS	Name	TULI, TARKAN
Address	5555 COLLINS AVE. 8K	Address	5555 COLLINS AVE. 8K
City-State-Zip:	MIAMI FL 33140	City-State-Zip:	MIAMI FL 33140
Title	MANAGER	Title	MANAGER
Name	ILLOLDI DAVALOS-HERBINGER,	Name	TULI-BERGER, NATALIE
Address	CHRISTIANE 5555 COLLINS AVE.	Address	5555 COLLINS AVE. 8K
	8K		

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

MANAGER

FILED Mar 14, 2015 Secretary of State CC0165559324

Certificate of Status Desired: Yes

03/14/2015

Date

Date