

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000135381

**Entity Name:** CAROUSEL RESTORATION, LLC

**Current Principal Place of Business:**

1450 SW 10TH STREET  
SUITE 8  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1450 SW 10TH STREET  
SUITE 8  
DELRAY BEACH, FL 33444

**FEI Number:** 47-3394943

**Certificate of Status Desired:** No

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

BIANCHINI, ALESSANDRA  
1450 SW 10TH STREET  
SUITE 8  
DELRAY BEACH, FL 33444 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 BIANCHINI, ALESSANDRA  
Address 1450 SW 10TH STREET, SUITE 8  
City-State-Zip: DELRAY BEACH FL 33444

*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:** ALESSANDRA BIANCHINI

MGR

04/09/2015

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

\_\_\_\_\_  
Date