

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000169365

**Entity Name:** CAROLYN AT KNIGHTSBRIDGE, LLC

**Current Principal Place of Business:**

5650 BRECKENRIDGE PARK DR., SUITE 302  
TAMPA, FL 33610

**Current Mailing Address:**

C/O MELLAW REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, 18TH FLOOR  
COCONUT GROVE, FL 33133 US

**FEI Number:** 47-2206192

**Certificate of Status Desired:** No

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

MELLAW REGISTERED AGENTS, LLC  
2601 S. BAYSHORE DRIVE  
18TH FLOOR  
COCONUT GROVE, FL 33133 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 ODED, REUVEN  
Address 5650 BRECKENRIDGE PARK DR.,  
SUITE 302  
City-State-Zip: TAMPA FL 33610

*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:** ODED , REUVEN

MGR

04/30/2018

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

\_\_\_\_\_  
Date