

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000128089

Entity Name: 411 CAROLINE, LLC**Current Principal Place of Business:**727 HARNESS CREEK VIEW DRIVE
ANNAPOLIS, MD 21403-1621**Current Mailing Address:**727 HARNESS CREEK VIEW DRIVE
ANNAPOLIS, MD 21403-1621 US**FEI Number:** 82-1844740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, STEPHEN M
1408 OLIVIA STREET
KEY WEST, FL 33040 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** MANAGER, PRESIDENT AND
TREASURER**Name** WALKER, JOYCE M**Address** 1620 MAYFLOWER COURT
A-502**City-State-Zip:** WINTER PARK FL 32792**Title** MANAGER, VP**Name** WALKER, GILBERT H**Address** 1620 MAYFLOWER COURT
A-502**City-State-Zip:** WINTER PARK FL 32792**Title** VP, SECRETARY AND ASSISTANT
TREASURER**Name** WALKER, GREG A**Address** 727 HARNESS CREEK VIEW DRIVE**City-State-Zip:** ANNAPOLIS MD 21403**Title** ASSISTANT VICE PRESIDENT,
ASSISTANT SECRETARY, ASST.
TREASURER**Name** BAUM, DIANE**Address** 1816 SULGRAVE AVENUE**City-State-Zip:** BALTIMORE MD 21230**Title** ASSISTANT VICE PRESIDENT**Name** BAUM, DAVID**Address** 1816 SULGRAVE AVENUE**City-State-Zip:** BALTIMORE MD 21230

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: GREG A. WALKER

VP

01/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date