

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000002876

**Entity Name:** CARTS MD LLC

**Current Principal Place of Business:**

16205 S TAMIAMI TRL  
STE 5  
FORT MYERS, FL 33908

**Current Mailing Address:**

16205 S TAMIAMI TRL  
SUITE #5  
FORT MYERS, FL 33908 US

**FEI Number:** 82-3905302

**Certificate of Status Desired:** No

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

STONE, MICHAEL  
1320 SE 31ST TER  
CAPE CORAL, FL 33904 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 STONE, MICHAEL  
Address 1320 SE 31ST TER  
City-State-Zip: CAPE CORAL FL 33904

Title MGR  
Name HERNANDEZ, DEREK  
Address 7250 MYRTLE ROAD  
City-State-Zip: FT MYERS FL 33967

*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:** MICHAEL STONE

**REGISTERED AGENT**

**01/18/2019**

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

\_\_\_\_\_  
Date