

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000282619

**Entity Name:** CARTER SPLICING, LLC

**Current Principal Place of Business:**

14926 SE 190TH PLACE  
HAWTHORNE, FL 32640

**Current Mailing Address:**

14926 SE 190TH PLACE  
HAWTHORNE, FL 32640 US

**FEI Number: 85-3258475**

**Certificate of Status Desired: Yes**

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

CARTER, KEITH A  
14926 SE 190TH PLACE  
HAWTHORNE, FL 32640 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	OWNER	Title	AUTHORIZED REPRESENTATIVE
Name	CARTER, KEITH A	Name	CARTER, BRIAN KENT
Address	14926 SE 190TH PLACE	Address	2297 IRONWOOD HILL CT NE
City-State-Zip:	HAWTHORNE FL 32640	City-State-Zip:	DACULA GA 30019

*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: KEITH A CARTER**

**OWNER**

**01/17/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date