

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000099393

**Entity Name:** CARRIAGE LIGHT 4 LLC

**Current Principal Place of Business:**

5200 N. OCEAN BLVD  
1603  
LBTS, FL 33308

**Current Mailing Address:**

5200 N. OCEAN BLVD  
1603  
LBTS, FL 33308 UN

**FEI Number:** 88-0934264

**Certificate of Status Desired:** No

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

SCHULT, CHRISTOPHER R  
5200 N. OCEAN BLVD  
#1603  
LBTS, FL 33308 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 AP  
Name SCHULT, CHRISTOPHER R  
Address 5200 N. OCEAN BLVD 1603  
City-State-Zip: LBTS FL 33308

Title AP  
Name WITCOSKY, PATRICIA  
Address 5200 N. OCEAN BLVD 1603  
City-State-Zip: LBTS FL 33308

*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:** PATRICIA WITCOSKY

**MGR**

**05/01/2024**

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

\_\_\_\_\_  
Date