

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002207

Entity Name: CARLEN REALTY, LLC

Current Principal Place of Business:

34 W. ORANGE ST.
TARPON SPRINGS, FL 34689

Current Mailing Address:

PO BOX 1879
TARPON SPRINGS, FL 34688

FEI Number: 59-3539385

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, DONALD R
28050 U.S. HWY. 19 N., STE. 402
CLEARWATER, FL 33761 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 MGRP
Name MARTIN, CAROL E
Address P.O. BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

Title MGR
Name GAGNON, CHRISTINE L
Address PO BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

Title MGR
Name SHARPE, LYNN A
Address PO BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

Title MGR
Name CAHALIN, HELEN JO
Address P. O. BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

Title CFOT
Name RISTORCELLI, PETER
Address P. O. BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

Title S
Name HIMONETOS, STELLA
Address P.O. BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

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: PETER RISTORCELLI

CFOT

01/26/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date