

**2017 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:** CAROL E. MARTIN

**MANAGER**

**01/13/2017**

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

\_\_\_\_\_  
Date