

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000000171

1. Entity Name
CARLTON SARASOTA, L.L.C.



Principal Place of Business

**609 EAST JACKSON STREET
SUITE 200
TAMPA, FL 33602**

Mailing Address

**609 EAST JACKSON STREET
SUITE 200
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
59-3656642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, R. JAMES JR.
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000781897
01/15/08-80052-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, C. DENNIS
609 E JACKSON ST., #200
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Carlton C. Dennis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Lee Frallard, III

Date

1/9/08

813-221-3700

Daytime Phone #