

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010722

1. Entity Name
CARRIAGE COVE, LLC



FILED

2004 MAY 10 P 2:40

SECRETARY OF STATE



02162004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3669494

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, MIKE
7777 N. WICKHAM RD., #12-311
MELBOURNE, FL 32940

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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 _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CAMPBELL, MIKE
7777 N WICKHAM RD #12-311
MELBOURNE, FL 32940

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CITY-ST-ZIP

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05/10/04 - 01118-- 024 **600.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mike Campbell MICHAEL V CAMPBELL 4/30/04 3218370565

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

Date

Daytime Phone #