

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000011736

**1. Entity Name
CARTER FINANCIAL GROUP, LLC**



**Principal Place of Business
9720 W. BROADVIEW DRIVE
BAY HARBOR, FL 33154**

**Mailing Address
9720 W. BROADVIEW DRIVE
BAY HARBOR, FL 33154**



04182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-1048541**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, ARNOLD
9720 W. BROADVIEW DR.
BAY HARBOR, FL 33154**

**DO NOT WRITE
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, 2005**

U00000346668
04/30/05-80084-022 50.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRD
CARTER, ARNOLD P
9720 W. BROADVIEW DRIVE
BAY HARBOR, FL 33154**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRD
CARTER, SHERI E
9720 W. BROADVIEW DRIVE
BAY HARBOR, FL 33154**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CARTER, CRAIG
9720 W. BROADVIEW DRIVE
BAY HARBOR, FL 33154**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**DO NOT WRITE
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE: *ARNOLD CARTER* *Arnold Carter*

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

Date

Daytime Phone #

MANAGING DIRECTOR