

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90322 009 ***138.75

DOCUMENT # L01000007244

1. Entity Name
CARMEL, L.L.C.



Principal Place of Business
**1565 NORTH PARK DRIVE
103
WESTON, FL 33326**

Mailing Address
**6239 GREENVIEW TERRACE
BOCA RATON, FL 33433**

60026368



2. Principal Place of Business - No P.O. Box #
1535 NORTH PARK DRIVE

3. Mailing Address

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State

Zip
33326

Country

Zip

Country

04132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1100425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KUTLIN, STANLEY
6239 GREENVIEW TERRACE
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MIER, TOMAS
470 CONSERVATION DRIVE
WESTON, FL 33327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KUTLIN, STANLEY
6239 GREENVIEW TERRACE
BOCA RATON, FL 33433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

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

4/17/08

Date

954-529-4355

Daytime Phone #