

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90372 009 \*\*\*\*50.00

**DOCUMENT # L01000014056**



1. Entity Name  
**CARKENTRE, LLC**

Principal Place of Business  
**% RAMON A. RODRIGUEZ  
350 EAST LAS OLAS BLVD., 14TH FLOOR  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**% RAMON A. RODRIGUEZ  
350 EAST LAS OLAS BLVD., 14TH FLOOR  
FORT LAUDERDALE, FL 33301**

**60038892**



2. Principal Place of Business - No P.O. Box #  
**c/o Gloria Balogh**

3. Mailing Address  
**c/o Gloria Balogh**

Suite, Apt. #, etc.  
**300 SE 2nd Street, 10th Fl.**

Suite, Apt. #, etc.  
**300 SE 2nd Street, 10th Fl.**

**03282007 Chg-LLC CR2E083 (12/06)**

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL 33301**

4. FEI Number  
**65-1158475**

Applied For  
☐ Not Applicable

Zip Country  
**33301 Broward**

Zip Country  
**33301 Broward**

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

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, RAMON A  
350 EAST LAS OLAS BLVD, STE 1420  
FORT LAUDERDALE, FL 33301**

**7. Name and Address of New Registered Agent**

Name **Patricia A. Jones**  
Street Address (P.O. Box Number is Not Acceptable) **300 SE 2nd Street**  
City **Ft Lauderdale** FL **33301**

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]*  
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, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **RODRIGUEZ, RAMON A**  
STREET ADDRESS **350 EAST LAS OLAS BLVD, STE 1420**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

Date

Daytime Phone #

**4/16/07**

**954 202-8613**