

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90077 034 ***138.75

DOCUMENT # L01000014056



1. Entity Name
CARKENTRE, LLC

Principal Place of Business
**C/O GLORIA BALOGH
300 SE 2ND ST 10TH FLOOR
FORT LAUDERDALE, FL 33301**

Mailing Address
**C/O GLORIA BALOGH
300 SE 2ND ST 10TH FLOOR
FORT LAUDERDALE, FL 33301**

00010500



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

65-1158475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, PATRICIA A
300 SE 2ND ST
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

Robert Esposito

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

Stiles Corporation

300 SE 2nd Street

City

Fort Lauderdale

FL

Zip Code

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

Robert Esposito

11/31/08

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

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

**2/14/08 954
202-8600**