

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90029 004 ****50.00

DOCUMENT # L02000018419

1. Entity Name
CARIES, LLC



Principal Place of Business
**119 LEPORT DRIVE
PENSACOLA FL 32561
US**

Mailing Address
**119 LEPORT DRIVE
PENSACOLA FL 32561
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number **56-2294038**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRUGIA, VINCE J
3701 ANDREW JACKSON
PACE FL 32571**

Name **Vince J Farrugia**
Street Address (P.O. Box Number is Not Acceptable)
4025 Claiborne Dr
City **Pensacola** FL Zip Code **32504**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **FARRUGIA, ALAN C**
STREET ADDRESS **119 LEPORT DRIVE**
CITY-ST-ZIP **PENSACOLA BCH FL 32561**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Alan C Farrugia**
STREET ADDRESS **6447 Highway Dr**
CITY-ST-ZIP **Naples, FL 34119**

TITLE **MGR** ☐ Delete
NAME **AMINI, BAHMAN**
STREET ADDRESS **1960 E. COUNTRY CLUB DRIVE**
CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE **MGR** ☒ Delete
NAME **FARRUGIA, VINCE**
STREET ADDRESS **3701 ANDREW JACKSON DRIVE**
CITY-ST-ZIP **PACE FL 32571**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Vince Farrugia**
STREET ADDRESS **4025 Claiborne Dr**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

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

Date

Daytime Phone #