2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

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Entity Name: CARIES,LLC

Current Principal Place of Business:

1019 CROSSEPOINTE
SUITE 2
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

1019 CROSSPOINTED DR
SUITE 2
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 56-2294038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMINI, SIMON J
1019 CROSSPOINT DR
SUITE 2
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	FARRUGIA, ALAN C	
Address:	6447 HIGHCROFT DRIVE	
City-St-Zip:	NAPLES, FL 34119 US	
Title:	MGR	( ) Delete
Name:	AMINI, BAHMAN	
Address:	1960 E. COUNTRY CLUB DRIVE	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	MGR	( ) Delete
Name:	FARRUGIA, VINCE	
Address:	2495 BELLE CHRISTIANE	
City-St-Zip:	PENSACOLA, FL 32503 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BAHMAN AMINI MANA 07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date