

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000027645

1. Entity Name

CARNICK PROPERTIES, LLC



Principal Place of Business

6029 MEMORIAL HIGHWAY
TAMPA FL 33615

Mailing Address

6029 MEMORIAL HIGHWAY
TAMPA FL 33615

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

59-5709602

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

LINSKY, MICHAEL A
601 EAST TWIGGS STREET
SUITE 200
TAMPA FL 33602

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALMIROLA, JUAN CARLOS	
STREET ADDRESS	4715 MULLINS RD	
CITY - ST - ZIP	TAMPA FL 33514	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALMIROLA, CARIDAD	
STREET ADDRESS	4715 MULLINS RD	
CITY - ST - ZIP	TAMPA FL 33514	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEVITO, TINA	
STREET ADDRESS	7302 PELICAN ISLAND DR.	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VIVINO, MELISSA	
STREET ADDRESS	3909 EDEN ROC CIR	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HAYTER, TRICIA	
STREET ADDRESS	4703 SHALE DR.	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEVITO, MEREDITH	
STREET ADDRESS	7302 PELICAN ISLE DR.	
CITY - ST - ZIP	TAMPA FL 33634	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

000000330175
04/25/05-80147-025 50.00

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: Juan C Almirola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-22-05

Date

Daytime Phone #