

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000031038

1. Entity Name
THE CAROTHERS GROUP, LLC



Principal Place of Business

PO BOX 775
ANN MARIA, FL 34216

Mailing Address

PO BOX 775
ANN MARIA, FL 34216

DO NOT WRITE IN THIS SPACE

FILED
Apr 17, 2006 08:00 AM
Secretary of State



04092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-0809800

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE WEST
BRADENTON, FL 34209

**DO NOT WRITE
IN THIS SPACE**

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAROTHERS, GAYLE S PO BOX 995 ANN MARIA, FL 34216
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05/01/06-80060-002 55.00

**DO NOT WRITE
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:

GSCarothers
GSCAROTHERS

04-14-06

941-778-3059

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

Date

Daytime Phone #