2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000031038

1. Entity Name
THE CAROTHERS GROUP, LLC

Principal Place of Business	Mailing Address
PO BOX 775 ANN MARIA, FL 34216	PO BOX 775 ANN MARIA, FL 34216

07092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CAROTHERS, GAYLE S
STREET ADDRESS	PO BOX 995
CITY-ST-ZIP	ANN MARIA, FL 34216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____ 07-09-07 941-778-3059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #