

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-23-2003 90307 003 ****50.00

DOCUMENT # L02000034236

1. Entity Name

CARMAE HOLDINGS, LIMITED LIABILITY COMPANY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 432

3. Mailing Address

P.O. Box 432

Suite, Apt. #, etc.

Suite, Apt. #, etc.

44002982

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number

75-3095660

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Michael R. Fabrikant, Esquire

Street Address (P.O. Box Number is Not Acceptable)

2051 Borealis Way

City: Weston

FL

Zip Code: 33327

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 11

9. MANAGING MEMBERS/MANAGERS

TITLE: member
NAME: Maclouie L. Tennant Revocable Trust
STREET ADDRESS: P.O. Box 432
CITY-ST-ZIP: West Palm Beach, FL 33402

TITLE: member
NAME: Carl A. Flick Revocable Trust
STREET ADDRESS: P.O. Box 432
CITY-ST-ZIP: West Palm Beach, FL 33402

TITLE: member
NAME: Vickie Drebing
STREET ADDRESS: P.O. Box 432
CITY-ST-ZIP: West Palm Beach, FL 33402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Member Maclouie Tennant

4/17/03

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

Date

Daytime Phone #

CR2E083B (12/02)