2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2004 8:00 am
Secretary of State
02-23-2004 90342 036 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000002129

1. Entity Name
CARLSON & CO., LLC

Principal Place of Business	Mailing Address
713 CLUB DRIVE PALM BEACH GARDENS FL 33418	713 CLUB DRIVE PALM BEACH GARDENS FL 33418

2. Principal Place of Business	3. Mailing Address
4103 Burns Rd.	4103 Burns Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens	City & State: Palm Beach Gardens
Zip: 33410 Country: USA	Zip: 33410 Country: USA

4. FEI Number: 20-0160602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLSON, ELISABET
713 CLUB DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 8611 Gullane Ct.
City: West Palm Beach FL Zip Code: 33410

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: Elisabet Carlson [signature] 02/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Title: Managing member

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elisabet Carlson 8611 Gullane Ct. West Palm Beach, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 02/16/04 561-622-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #