

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000023970



1. Entity Name
THE CARLTON GROUP, LLC

Principal Place of Business
**565 NORTH RIDGE AVENUE
LAKE ALFRED, FL 33850**

Mailing Address
**565 NORTH RIDGE AVENUE
LAKE ALFRED, FL 33850**



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0824338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLTON, JASON L
565 NORTH RIDGE AVENUE
LAKE ALFRED, FL 33850**

**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

Jason L. Carlton
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000806972
02/06/08-80063-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, JASON L
565 NORTH RIDGE AVENUE
LAKE ALFRED, FL 33850**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, KIMBERLY A
565 NORTH RIDGE AVENUE
LAKE ALFRED, FL 33850**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, JAKE L
565 NORTH RIDGE AVENUE
LAKE ALFRED, FL 33850**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, MELISSA D
565 NORTH RIDGE AVENUE
LAKE ALFRED, FL 33850**

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 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:

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

Date

Daytime Phone #