


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90096 019 ***138.75

DOCUMENT # L04000015961			
1. Entity Name CAROLINE PROPERTIES, LLC			
Principal Place of Business 721 5TH STREET CHIPLEY, FL 32428		Mailing Address 721 5TH STREET CHIPLEY, FL 32428	
2. Principal Place of Business - No P.O. Box # 1199 Piney Grove Road		3. Mailing Address 1199 Piney Grove Road	
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	
City & State Chipley, FL 32428		City & State Chipley, FL 32428	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HATCHER, AYSHIA S 721 5TH STREET CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name Hatcher, Ayshia S. Street Address (P.O. Box Number is Not Acceptable) 1199 Piney Grove Road City Chipley FL Zip Code 32428	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HATCHER, AYSHIA S 721 5TH STREET CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Hatcher, Ayshia S. 1199 Piney Grove Road Chipley, FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HATCHER, JASON D DO 721 5TH STREET CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Hatcher, Jason D DO 1199 Piney Grove Road Chipley, FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0801833
Applied For
Not Applicable

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

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]

Ayshia Hatcher

2/7/08

8506384553

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

Date

Daytime Phone #