

ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**DOCUMENT # L04000024852**

1. Entity Name

CARIGAN BECKETT, LLC

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

Principal Place of Business

18911 COLLINS AVENUE, APT. 1801
SUNNY ISLES FL 33160

Mailing Address

145 E. 49 ST
HIALEAH FL 33013

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-1004129

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, WILLIAM R ESQ
2961 E. OAKLAND PARK BLVD., STE. 402
FT. LAUDERDALE FL 33306

Name

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

City

FL

Zip Code

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 fee (if applicable)

(NOTE: Registered Agent's signature required when registering)

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	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change	☐ Addition
	MGRM	LIDSKY, CARLOS TRUSTEE	18911 COLLINS AVENUE, APT. 1801 SUNNY ISLES FL 33160	☐					☐	☐
				☐					☐	☐
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				☐					☐	☐
				☐					☐	☐

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Filing Price #

1/31/08

(305) 822-2102