

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000033919

Entity Name: CAROLE MANTO, LLC

**FILED**  
**Jan 07, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

412 SE 17 STREET  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

412 SE 17 STREET  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 20-0933233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLAS, KIM  
412 SE 17 STREET  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

NICHOLAS, KIM  
601 REFLECTION COVE ROAD  
JACKSONVILLE, FL 32218 US

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.

SIGNATURE:

01/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: NICHOLAS, KIM  
Address: 412 SE 17 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

Title: D (X) Change ( ) Addition  
Name: NICHOLAS, KIM  
Address: 601 REFLECTION COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIM NICHOLAS

D

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date