

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000041125

1. Entry Name
CAROLINA CABIN, LLC



Principal Place of Business
**8165 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

Mailing Address
**8165 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**



04152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1206256

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NABERHAUS, TERRANCE W
8165 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/06/08-80102-010 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NABERHAUS, TERRANCE W
8165 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NABERHAUS, KAREN J
8165 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCGINNIS, JAMES D
700 CENTRAL BLVD.
MELBOURNE, FL 329014232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCGINNIS, LORRAINE K
700 CENTRAL BLVD.
MELBOURNE, FL 329014232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NIELSEN, KEITH A
2225 KEYSTONE AVENUE
MELBOURNE, FL 329046148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NIELSEN, JENAI E
2225 KEYSTONE AVENUE
MELBOURNE, FL 329046148**

**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 #