

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000057680**

1. Entity Name

**CARLTON'S COUNTRY CANDLES, LLC**



Principal Place of Business  
**177 PURIFY BAY ROAD  
CRAWFORDVILLE FL 32327**

Mailing Address  
**PO BOX 685  
CRAWFORDVILLE FL 32328**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number  
**75-3170747**

Applied For  
Not Applied

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

**CARLTON, MICHELLE L  
177 PURIFY BAY ROAD  
CRAWFORDVILLE FL 32327**

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
CARLTON, MICHELLE L  
177 PURIFY BAY ROAD  
CRAWFORDVILLE FL 32327**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**1100000565798  
05/22/06 00014-005 50.00**

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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:

*Michelle Carlton*

**4-28-06 850-962-4881**

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

Date

Overtime Phone #