

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000065908

1. Entity Name

CARR INTERNATIONAL HOLDING COMPANY, LLC



Principal Place of Business

16502 N. DALE MABRY
TAMPA, FL 33618

Mailing Address

16502 N. DALE MABRY
TAMPA, FL 33618



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2371931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRAQUE, PATRICK F ESQ
1904 E. BUSCH BLVD
TAMPA, FL 33612

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME CARR, LARRY A
STREET ADDRESS 16502 N DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33618

TITLE VS
NAME CARR, DAVID L II
STREET ADDRESS 16502 N DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33618

TITLE T
NAME MAZZIE, LYNDIA C
STREET ADDRESS 16502 N DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000780256
01/14/08-00016-001 138.75

**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:

Lyndia C. Mazzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-08-08

Date

813-369-8400

Daytime Phone #