

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90042 014 ***138.75

DOCUMENT # L04000092035

1. Entity Name
CAROLINA PROPERTIES USA LLC



Principal Place of Business
**2639 MCCORMICK DRIVE
CLEARWATER, FL 33759 US**

Mailing Address
**2639 MCCORMICK DRIVE
CLEARWATER, FL 33759 US**

00010000



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number **26-1985893**
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABRAHAMSON, LEE M
2639 MCCORMICK DRIVE
CLEARWATER, FL 33759**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ABRAHAMSON, LEE M
2639 MC CORMICK DRIVE
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ABRAHAMSON, ERIK G
2639 MC CORMICK DRIVE
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 #