## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # L05000025095 02-07-2006 90074 041 \*\*\*\*55.00 1. Entity Name CAREY ENTERPRISES, LLC Principal Place of Business Mailing Address 8359 LAKE AMHURST TRAIL 8359 LAKE AMHURST TRAIL ORLANDO FL 32829 ORLANDO FL 32829 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For 4. FEI Number City & State City & State 20-2527631 Not Applicable Country Zip \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASASUS, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 8359 LAKE AMHURST TRAIL ORLANDO FL 32829 City Or lando FI 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 the obligations of registered agent berto E. Casasus d or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRM Change ☐ Addition MGRM Delete NAME NAME CASASUS, ENRIQUE Casasus, Alberto E. STREET ADDRESS STREET ADDRESS 8359 LAKE AMHURST TRAIL 8359 take Amhurst Trail CITY-ST-ZIP Orlando, FL. 32829 CITY-ST-ZIP ORLANDO FL 32829 Addition Delete TITLE MGR Reiges, Moraima L NAME NAME STREET ADDRESS STREET ADDRESS 8359 Lake Amhurst Trail CITY-ST-ZIP CITY-ST-ZIP Orlando FL. 32829 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP

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:

Alberto E. Casasus

FILED

Feb 07, 2006 8:00 am

01/24/06 (321)332