

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000057932

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CARRINGTON PLACE OF ST PETE, LLC

**Current Principal Place of Business:**

24641 US HWY 19 N  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

24641 US HWY 19 N  
CLEARWATER, FL 33763 US

**New Mailing Address:**

**FEI Number:** 20-3009069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ATKINS, BEN  
24641 US HWY 19 N  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ATKINS, BEN  
Address: 24641 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM  
Name: MORRISON, MARYA  
Address: 24641 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33763 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BEN ATKINS

MGRM

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date