

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90145 008 ****50.00

DOCUMENT # L05000088097

1. Entity Name

CARBO LLC



Principal Place of Business

1331 BRICKELL BAY DRIVE #803
MIAMI FL 33131

Mailing Address

1331 BRICKELL BAY DRIVE #803
MIAMI FL 33131

2. Principal Place of Business

901 BRICKELL KEY BLVD.

Suite, Apt. #, etc.

2408

City & State

MIAMI FL

Zip
33131

Country

USA

3. Mailing Address

901 BRICKELL KEY BLVD.

Suite, Apt. #, etc.

2408

City & State

MIAMI, FL, 33131

Zip
33131

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-3616222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPES, ANDRE F
1331 BRICKELL BAY DRIVE #803
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME LOPES, ANDRE F
STREET ADDRESS 1331 BRICKELL BAY DRIVE #803
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Change ☒ Addition
NAME LOPES, JOSE B.
STREET ADDRESS 901 BRICKELL KEY BLVD. # 2408
CITY-ST-ZIP MIAMI, FL, 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

02/07/06 305-582-3130