

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000088502

Entity Name: CARLSON FAMILY, L.L.C.

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2103 SUNRISE BLVD.  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2103 SUNRISE BLVD.  
FORT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 20-3486211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NIELANDER, WILLIAM J  
172 EAST INTERLAKE BLVD.  
LAKE PLACID, FL 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: JACOBSON, ROGER  
Address: 2103 SUNRISE BLVD.  
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM  
Name: JACOBSON, OEUN  
Address: 2103 SUNRISE BLVD.  
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM  
Name: JACOBSON, SOVATHARY  
Address: 2103 SUNRISE BLVD  
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM  
Name: JACOBSON, ISAAC  
Address: 2103 SUNRISE BLVD  
City-St-Zip: FORT PIERCE, FL 34950

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: ROGER JACOBSON

MGRM

02/13/2012

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