

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90007 022 ****50.00

DOCUMENT # L05000092149

1. Entity Name

CARTER'S MULTI SERVE LLC



Principal Place of Business

1882 TYNER ROAD
HAINES CITY FL 33844

Mailing Address

1882 TYNER ROAD
HAINES CITY FL 33844



2. Principal Place of Business

1882 TYNER RD.

3. Mailing Address

1882 TYNER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAINES CITY FL.

City & State

HAINES CITY FL.

4. FEI Number

20-4470866

Applied For

Not Applicable

Zip

33844

Country

U.S

Zip

33844

Country

POLK

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

CARTER, BRIAN
1882 TYNER ROAD
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

BRIAN CARTER

Street Address (P.O. Box Number is Not Acceptable)

1882 TYNER RD.

City

HAINES CITY

FL

Zip Code

33844

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

Brian D. Carter

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 MGRM
NAME CARTER, BRIAN
STREET ADDRESS 1882 TYNER ROAD
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

Brian D. Carter

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

Date

4/10/06

Daytime Phone #

863 661-4810