


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90079 011 \*\*\*150.00

**DOCUMENT # L05000114544**

1. Entity Name  
**CARLETON G ARTY LLC**



Principal Place of Business  
**821 CARLETON STREET  
 LAKELAND, FL 33803 US**

Mailing Address  
**2415 CLEVELAND HEIGHTS BLVD.  
 LAKELAND, FL 33803 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3960189**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ARTY, GATE  
 2415 CLEVELAND HEIGHTS BLVD.  
 LAKELAND, FL 33803**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 6, 2006**

\_\_\_\_\_

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	ARTY, GATE	2415 CLEVELAND HEIGHTS BLVD.	LAKELAND, FL 33803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *A. G. Arty* **7/10/06** **863 524 3222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ALA Authorized Paratax Inc. ATTACHMENT**



20048566



2210 South Florida Ave.  
Lakeland, FL 33805  
MAIL: PO Box 7076, Lakeland, FL 33807-7076  
863-687-6154 cell: 863-604-6174 Fax: 802-106  
TJC180@msn.com

July 6, 2006

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314

RE: *Carleton A Arty*

*L05 000 114544*

Dear Sirs/Madams:

I am enclosing the UBR for 2006 for the above listed corporation. The taxpayer did not receive the notice in the mail.

I am enclosing the check in the amount of \$150.00 and requesting that you abate the late penalty.

Thank you,

*Jeannie Chodazek*  
Jeannie Chodazek  
Accounts Manager

Cc: Gate Arty