

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023355

FILED
Mar 16, 2007
Secretary of State

Entity Name: CAROLYN S. WALTERS, LLC

Current Principal Place of Business:

7119 LAKERIDGE VIEW COURT
401
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

7119 LAKERIDGE VIEW COURT
401
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 55-0854442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAROLYN S. WALTERS TRUST
7119 LAKERIDGE VIEW COURT
401
FORT MYERS, FL 33907 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 () Delete
Name: CAROLYN S. WALTERS T, RUST
Address: 7119 LAKERIDGE VIEW COURT, # 401
City-St-Zip: FORT MYERS, FL 33907 US

Title: MGRM () Delete
Name: CAROLYN WALTERS, LTD, . TRUST
Address: 7119 LAKERIDGE VIEW COURT
City-St-Zip: FORT MYERS, FL 33907 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROLYN S. WALTERS

MGRM

03/16/2007

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