

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90030 039 ***138.75

DOCUMENT # L07000023170

1. Entity Name
CARRERA STREET, LLC



Principal Place of Business
**8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741 US**

Mailing Address
**8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741 US**

60037404

2. Principal Place of Business - No P.O. Box #
202 Broadway
Suite, Apt. #, etc.

3. Mailing Address
202 Broadway
Suite, Apt. #, etc.

City & State
Kissimmee, Florida
Zip
34741 Country
US

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Kissimmee, Florida
Zip
34741 Country
US



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2644343

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PARSONS, DALE H
8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent
Name
DALE H. PARSONS
Street Address (P.O. Box Number is Not Acceptable)
202 BROADWAY
City
KISSIMMEE FL Zip Code
34741

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 **DLH** DATE **4.18.08**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, DALE H 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 202 BROADWAY KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DLH** DATE: **4.18.08**

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