

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 19, 2008 8:00 am
Secretary of State

02-15-2008 90052 040 ***138.75

DOCUMENT # L07000059260					
1. Entity Name THE CAROLING COMPANY LLC					
Principal Place of Business 7505 NW 5 Place #34 apt 205 Margate, FL 33063		Mailing Address 7505 NW 5 Place #34 Margate, FL 33063			
2. Principal Place of Business - No P.O. Box 7505 NW 5 Place Suite, Apt. #, etc. Bldg 34, apt 205 Margate, FL 33063		3. Mailing Address 7505 NW 5 Place Suite, Apt. #, etc. Bldg 34, apt 205 Margate, FL 33063		4. FEI Number 160333996	
City & State Margate, FL		City & State Margate, FL		Applied For ☐ Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEARTH, ERINN C 7505 NW 5 PLACE BLDG 34, APT 205 MARGATE, FL 33063			7. Name and Address of New Registered Agent N/A		
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 <u><i>Erinn C Dearth</i></u>				DATE <u>Jan 25, 2008</u>	
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					
TITLE	MGR				
NAME	ERINN DEARTH				
STREET ADDRESS	7505 NW 5 PLACE				
CITY-ST-ZIP	MARGATE, FL 33063				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 606, Florida Statutes.					
SIGNATURE: <u><i>Erinn C Dearth</i></u> ERINN C DEARTH <u>Jan 25, 2008</u> (954) 336-1675					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					