

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084560

FILED
Apr 24, 2009
Secretary of State

Entity Name: A CARLISLE LLC

Current Principal Place of Business:

301 CLEMATIS ST
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

301 CLEMATIS ST
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 26-0771840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, BRUCE W JR.
1870 FOREST HILL BLVD., STE. 203
WEST PALM BEACH, FL 33406 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: CARLISLE, ANGELINE
Address: 9342 PLANTATION ESTATES DR
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM () Delete
Name: OLDFIELD, ANNMARIE N
Address: 13178 59TH COURT NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ARKUN, ANDREW E
Address: 515 36TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGR () Change (X) Addition
Name: OZGUR, DEMIR
Address: 5600 N FLAGLER UNIT 1208
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify 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: ANGELINE CARLISLE

MGRM

04/24/2009

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