

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074096

**FILED**  
**Jul 28, 2010**  
**Secretary of State**

**Entity Name:** CARLETON CONSULTING, LLC

**Current Principal Place of Business:**

9525 BLIND PASS ROAD PH-#1  
ST.PETE BEACH, FL 33706

**New Principal Place of Business:**

9525 BLIND PASS ROAD  
PH-1  
ST.PETE BEACH, FL 33706

**Current Mailing Address:**

9525 BLIND PASS ROAD PH-#1  
ST.PETE BEACH, FL 33706

**New Mailing Address:**

9525 BLIND PASS ROAD  
PH-1  
ST.PETE BEACH, FL 33706

FEI Number: 27-0659352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RILEY, STEVEN P ESQ  
4805 W. LAUREL ST. SUTIE 230  
TAMPA, FL 33607 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  
Name: HUTCHINSON, JEAN C  
Address: 9525 BLIND PASS ROAD, PH-#1  
City-St-Zip: ST.PETE BEACH, FL 33706

Title: MGRM  
Name: SHEEHAN, CAROL  
Address: 9525 BLIND PASS ROAD, PH-#1  
City-St-Zip: ST.PETE BEACH, FL 33706

I hereby 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: CAROL SHEEHAN

MGRM

07/28/2010

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