

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111393

Entity Name: THE CARRELL GROUP, LLC

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

749 SE PORTAGE AVE  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

749 SE PORTAGE AVE  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

FARRELL, RICKEY L  
1595 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

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

CARRELL, BARBARA A  
749 SE PORTAGE AVENUE  
PORT ST LUCIE, FL 34984 US

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: BARBARA CARRELL

04/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CARRELL, BARBARA A  
Address: 749 SE PORTAGE AVE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: MGR  
Name: CARRELL, JAMES R  
Address: 749 SE PORTAGE AVE  
City-St-Zip: PORT ST LUCIE, FL 34984

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: BARBARA CARRELL

MGR

04/20/2010

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