

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90120 045 ****50.00

DOCUMENT # L98000002207

1. Entity Name
CARLEN REALTY, LLC



Principal Place of Business
**34 W. ORANGE ST.
TARPON SPRINGS, FL 34689**

Mailing Address
**PO BOX 1879
TARPON SPRINGS, FL 34688**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3539385

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIMONETOS, MARY
34 W. ORANGE ST.
TARPON SPRINGS, FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MARTIN, CAROL E ☐ Delete
STREET ADDRESS P.O. BOX 1879
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE **MGR, D. Chair, President** ☒ Change ☐ Addition
NAME **MARTIN, CAROL E**
STREET ADDRESS **P.O. BOX 1879**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE MGR ☒ Delete
NAME THOMPSON, JOHN
STREET ADDRESS PO BOX 1879
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HIMONETOS, MARY
STREET ADDRESS PO BOX 1879
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE **EVP, ST** ☒ Change ☐ Addition
NAME **HIMONETOS, MARY**
STREET ADDRESS **P.O. BOX 1879**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE D ☐ Delete
NAME GAGNON, CHRISTINE L
STREET ADDRESS PO BOX 1879
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHARPE, LYNN A
STREET ADDRESS PO BOX 1879
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAHALIN, HELEN J
STREET ADDRESS PO BOX 1879
CITY-ST-ZIP TARPON SPRINGS, FL 34688

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #