

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M01000000008

FILED
Dec 09, 2011
Secretary of State

Entity Name: CARRIER ENTERPRISE, LLC

Current Principal Place of Business:

2000 PARK OAKS AVENUE
ORLANDO, FL 32808

New Principal Place of Business:

2000 PARKS OAKS AVENUE
ORLANDO, FL 32808

Current Mailing Address:

C/O WATSCO INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 901
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 06-1519509 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MVP
Name: LOGAN, BARRY S
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: MVPS
Name: MENENDEZ, ANA M
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: P
Name: RUSH, STEPHEN F
Address: 2665 S BAYSHORE DRIVE #901
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP
Name: BARTRO, JOHN
Address: 4300 GOLF ACRES DRIVE
City-St-Zip: CHARLOTTE, NC 28208

Title: VPCF
Name: TOURTELOT, MICHAEL R
Address: 4300 GOLF ACRES DRIVE
City-St-Zip: CHARLOTTE, NC 28208

Title: MGR
Name: BORIES, JACQUES
Address: ONE CARRIER PLACE
City-St-Zip: FARMINGTON, CT 06032

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: ANA M. MENENDEZ

MVPS

12/09/2011

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