

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000003632

1. Entity Name
CAROLLO SYSTEMS, LLC



Principal Place of Business

**3033 N. 44TH ST.
SUITE 101
PHOENIX, AZ 85018**

Mailing Address

**3033 N. 44TH ST.
SUITE 101
PHOENIX, AZ 85018**



01242007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1499361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUSHING, ROBERT S
401 N.CATTLEMAN RD
SUITE 306
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAUGH, RICHARD
1215 43RD ST.
SACRAMENTO, CA 95819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAROLLO ENGINEERS, P.C.
3033 N.44TH ST. SUITE 101
PHOENIX, AZ 85018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000657341
03/14/07-80064-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Richard S. Haugh

2/27/07

Date

916 565 1649

Daytime Phone #