

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062004

**Entity Name:** 508 CARILLON, LLC

**Current Principal Place of Business:**

4 HICKORY GROVE WAY  
SAVANNAH, GA 31405

**Current Mailing Address:**

4 HICKORY GROVE WAY  
SAVANNAH, GA 31405

**FEI Number:** 26-2874313

**Certificate of Status Desired:** No

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

FRANKLIN H. WATSON, P.A.  
5410 E. CO. HWY. 30A SUITE 202  
SANTA ROSA BEACH, FL 32459 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JUNNO, ARI  
Address 4 HICKORY GROVE WAY  
City-State-Zip: SAVANNAH GA 31405

Title ACCOUNTANT  
Name HANNINEN, ARJA  
Address 144 WEST RIDGE WAY  
City-State-Zip: ROSWELL GA 30076

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARJA HANNINEN

**ACCOUNTANT**

**01/15/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date