

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000015857

**Entity Name:** CARLYLE CONSULTING, LLC

**Current Principal Place of Business:**

3315 MUD LAKE RD  
PLANT CITY, FL 33566

**Current Mailing Address:**

PO BOX 4595  
PLANT CITY, FL 33563 US

**FEI Number: 46-1841264**

**Certificate of Status Desired: Yes**

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

GALLIMORE, SCOTT-DANE C  
3315 MUD LAKE RD  
PLANT CITY, FL 33566 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 GALLIMORE, SCOTT-DANE C  
Address 3315 MUD LAKE RD  
City-State-Zip: PLANT CITY FL 33566

*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: SCOTT-DANE C GALLIMORE**

**MGRM**

**04/28/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date