

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000025139

Entity Name: CARL WHEELER PROPERTIES, LLC**Current Principal Place of Business:**1790 GRAY LANE
GLEN ST. MARY, FL 32040**Current Mailing Address:**1790 GRAY LANE
GLEN ST. MARY, FL 32040 US**FEI Number:** 46-2355576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAY, SUSAN
1790 GRAY LANE
GLEN ST. MARY, FL 32040 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	GRAY, SUSAN
Address	1790 GRAY LANE
City-State-Zip:	GLEN ST. MARY FL 32040

Title	MEMB
Name	LONG, KATHY
Address	6106 WEST THOMAS CIRCLE
City-State-Zip:	MACCLENNY FL 32063

Title	MEMB
Name	TAYLOR, ANDREA
Address	6816 ODIS YARBOROUGH ROAD
City-State-Zip:	GLEN ST. MARY FL 32040

Title	MEMB
Name	JORDAN, DEBRA
Address	14516 HUNTERS RIDGE WEST
City-State-Zip:	GLEN ST. MARY FL 32040

Title	MEMB
Name	WHEELER, CARLA
Address	205 HORSESHOE LOOP
City-State-Zip:	ST. GEORGE GA 31562

Title	MEMB
Name	WHEELER, STEVEN
Address	12434 HAMP REGISTER ROAD
City-State-Zip:	GLEN ST. MARY FL 32040

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: SUSAN GRAY**MANAGER****01/26/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date