

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000143609

Entity Name: FLORIDA CARPENTERS REGIONAL COUNCIL, LLC**Current Principal Place of Business:**C/O ONE N. CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401**Current Mailing Address:**C/O ONE N. CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US**FEI Number:** 20-1854375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLIFFORD I. HERTZ, P.A.
ONE N. CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 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 PRESIDENT
Name CAMPBELL, CLARENCE
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name ROGERS, RONNIE
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title AUTHORIZED MEMBER
Name TRUCKOWSKI, CHARLES
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title OTHER, WARDEN
Name LOVE, BILLY JR.
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title TREASURER
Name BANKS, JAMES JR
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title AUTHORIZED MEMBER
Name LAPPOST, ELEAZAR
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title TRUSTEE
Name PAGE, RANDY
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title TRUSTEE
Name SWANSON, MATTHEW
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

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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: CLARENCE CAMPBELL

PRESIDENT

01/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TREASURER
Name D' ANGELO, FRANK
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title OTHER, CONDUCTOR
Name BEAULIEU, JAMES
Address C/O ONE N. CLEMATIS STREET
 SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401