

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000004673

**Entity Name:** PSM CARILLON TOWN CENTER, LLC

**Current Principal Place of Business:**

3300 PUBLIX CORPORATE PARKWAY  
LAKELAND, FL 33811

**Current Mailing Address:**

POST OFFICE BOX 32027  
LAKELAND, FL 33802 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ATTAWAY, JOHN A JR.  
3300 PUBLIX CORPORATE PARKWAY  
LAKELAND, FL 33811 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 AR  
Name CHAMBERLAIN, JEFFREY G  
Address 3300 PUBLIX CORPORATE PARKWAY  
City-State-Zip: LAKELAND FL 33811

Title AR  
Name ATTAWAY, JOHN A JR.  
Address 3300 PUBLIX CORPORATE PARKWAY  
City-State-Zip: LAKELAND FL 33811

Title AR  
Name PHILLIPS, DAVID P  
Address 3300 PUBLIX CORPORATE PARKWAY  
City-State-Zip: LAKELAND FL 33811

*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:** JOHN A ATTAWAY JR

AR

04/08/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date