2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2015
Secretary of State
CC7718401919

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Entity Name: CARIN DEVELOPMENT, LLC

Current Principal Place of Business:

80 SURFVIEW DRIVE #501
PALM COAST, FL 32137

Current Mailing Address:

6484 N COUNTY RD 1320 E
CHARLESTON, IL 61920 US

FEI Number: 46-4614518

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAINES, STUART
80 SURFVIEW DRIVE #501
PALM COAST, FL 32137 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	MGR
Name	JASON R. GOWIN REV TRUST U/A DTD 8/27/09
Address	6484 N COUNTY RD 1320 E
City-State-Zip:	CHARLESTON IL 61920

Title	MGR
Name	THERESA S. GOWIN REV TRUST U/A DTD 8/27/09
Address	6484 N COUNTY RD 1320 E
City-State-Zip:	CHARLESTON IL 61920

Title	MGR
Name	GAINES, STUART
Address	7431 E STATE ST #253
City-State-Zip:	ROCKFORD IL 61108

Title	MGR
Name	MARINELLI, BERNICE
Address	7431 E STATE ST #253
City-State-Zip:	ROCKFORD IL 61108

Title	MGR
Name	CAPISTA, CHAD
Address	18911 DELRAY CT
City-State-Zip:	MOKENA IL 60448

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: JASON R. GOWIN MEMBER 02/24/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date