

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000032901

Entity Name: CAROLYN CARTER GROUP, LLC

Current Principal Place of Business:

103 MOUNTAIN LAUREL DRIVE
JASPER, GA 30143

Current Mailing Address:

103 MOUNTAIN LAUREL DRIVE
JASPER, GA 30143 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AMBR
Name CARTER, CAROLYN
Address 450 RICHARD TRAIL
City-State-Zip: JASPER GA 30143

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: CAROLYN CARTER

AUTHORIZED MEMBER

02/11/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date