

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000137118

Entity Name: CARLOS' FISHING SUPPLY L.L.C.

Current Principal Place of Business:

209 CAMIELIA STREET
EVERGLADES CITY, FL 34139

Current Mailing Address:

PO BOX 369
EVERGLADES CITY, FL 34139

FEI Number: 81-3641462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALDES, CARLOS
303 N. COPELAND AVE
EVERGLADES CITY, FL 34139 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 VALDES, CARLOS A
Address PO BOX 369
City-State-Zip: EVERGLADES CITY FL 34139

Title MGR
Name VALDES, DULCE M
Address PO BOX 369
City-State-Zip: EVERGLADES CITY FL 34139

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: DULCE M VALDES

MANAGER

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date