

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000137118

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

**Current Principal Place of Business:**

209 CAMEILIA 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: CARLOS VALDES**

**OWNER**

**03/12/2018**

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

\_\_\_\_\_  
Date