### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000095345

Entity Name: CARLIER, LLC

Feb 16, 2021 **Secretary of State** 1819132402CC

**FILED** 

# **Current Principal Place of Business:**

804 NW 21 TERRACE SUITE 206 MIAMI, FL 33127

# **Current Mailing Address:**

804 NW 21 TERRACE SUITE 206 MIAMI, FL 33127 US

FEI Number: 83-4440203 Certificate of Status Desired: No

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

CARLIER, SABRINA 1900 N. BAYSHORE DRIVE UNIT 1A SUITE 107 MIAMI, FL 33132 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** 

CARLIER, SABRINA Name 804 NW 21 TERRACE Address

SUITE 206

City-State-Zip: MIAMI FL 33127

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.

02/16/2021 SIGNATURE: SABRINA CARLIER **AMBR** 

Electronic Signature of Signing Authorized Person(s) Detail

Date