

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000240604

**Entity Name:** ALLEGIANT-CARTER MANAGEMENT, LLC

**Current Principal Place of Business:**

4890 W. KENNEDY BLVD.  
STE 200  
TAMPA, FL 33609

**FILED**  
**Mar 08, 2025**  
**Secretary of State**  
**1391098374CC**

**Current Mailing Address:**

4890 W. KENNEDY BLVD.  
STE 200  
TAMPA, FL 33609 US

**FEI Number: 61-1949180**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MANAGER	Title	COO
Name	CARTER FUNDS, LLC	Name	DRUMMOND , LISA A.
Address	4890 W. KENNEDY BLVD. STE 200	Address	4890 W. KENNEDY BLVD. STE 200
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609

*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: LISA A. DRUMMOND**

**CHIEF OPERATING  
OFFICER**

**03/08/2025**

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

\_\_\_\_\_  
Date