

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000289403

**Entity Name:** CARLETON AUSTIN 4-PACK LLC

**Current Principal Place of Business:**

C/O DREW KRISTOL  
5201 BLUE LAGOON DRIVE, #100  
MIAMI, FL 33126

**Current Mailing Address:**

C/O DREW KRISTOL  
5201 BLUE LAGOON DRIVE, #100  
MIAMI, FL 33126 US

**FEI Number:** 84-4279825

**Certificate of Status Desired:** No

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

ROBERT S. FORMAN, P. A.  
8201 PETERS ROAD  
SUITE 1000  
FORT LAUDERDALE, 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 MGR  
Name KRISTOL, TODD  
Address 5201 BLUE LAGOON DRIVE, #100  
City-State-Zip: MIAMI FL 33126

Title MANAGER  
Name KRISTOL, DREW A  
Address C/O DREW KRISTOL  
5201 BLUE LAGOON DRIVE, #100  
City-State-Zip: MIAMI FL 33126

*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:** DREW A. KRISTOL

**MANAGER**

**04/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date