


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY**  
**ANNUAL REPORT 2012**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

2012 JAN 17 PM 4:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L07000058363

1. Limited Liability Company's Name

**CLA-O PROPERTIES**

400218675164  
 01/17/12--01061--006 \*\*\*138.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1071 N County Rd 315		3. Mailing Office Address 1071 N County Rd 315	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melrose, FI		City & State Melrose, FI	
Zip 32666	Country Putnam	Zip 32666	Country Putnam

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 06/04/2007	
6. FEI Number 26-0722354	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: **John H. Clay**

Street Address (P.O. Box Number is Not Acceptable):  
1071 N County Rd 315

Suite, Apt. #, Etc.

City: Melrose      State: FL      Zip Code: 32666

E-mail Address:  
 claostrich@copper.net  
 (To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	John H. Clay	1071 N County Rd 315	Melrose, FI 32666
MGR	Wilhelmina H. Clay	1071 N County Rd 315	Melrose, FI 32666

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: John H. Clay      Date: 01/13-2012      Daytime Phone #: 1(386)659-1182

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_