

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000142289

**Entity Name:** CLAYTON P DINGLE, LLC

**Current Principal Place of Business:**

1835 NE MIAMI GARDENS DR  
#196  
MIAMI, FL 33179

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR  
#196  
MIAMI, FL 33179

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: Yes**

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

SPIGLER, KAREN JESQ  
6231 SW 188 AVE  
SOUTHWEST RANCHES, FL 33332 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 MGRM  
Name DINGLE, CLAYTON P  
Address 1835 NE MIAMI GARDENS DR #196  
City-State-Zip: MIAMI FL 33179

*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: CLAYTON DINGLE** \_\_\_\_\_

**MGRM**

**04/06/2015**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date