

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000067247

**Entity Name:** CLAY TIMES LLC

**Current Principal Place of Business:**

1393 PLANTATION POINT DR.  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

PO BOX 17139  
AMELIA ISLAND, FL 32035

**FEI Number:** 46-5497080

**Certificate of Status Desired:** No

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

BEACH, POLLY  
1393 PLANTATION POINT DR.  
AMELIA ISLAND, FL 32034 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  
Name            BEACH, POLLY  
Address        1393 PLANTATION POINT DR.  
City-State-Zip: AMELIA ISLAND FL 32034

*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:** POLLY A BEACH

**PRESIDENT**

**04/10/2017**

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

\_\_\_\_\_  
Date