

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000108786

**Entity Name:** CALVIN N. CLARK REVOCABLE TRUST, LLC

**Current Principal Place of Business:**

1315 23RD STREET  
NICEVILLE, FL 32578

**Current Mailing Address:**

1092 FOREST LAKE TERRACE  
NICEVILLE, FL 32578 US

**FEI Number:** 47-3016614

**Certificate of Status Desired:** No

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

CLARK, CRYSTAL L  
1092 FOREST LAKE TERRACE  
NICEVILLE, FL 32578 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	CLARK, CALVIN N TTEE
Address	1315 23RD STREET
City-State-Zip:	NICEVILLE FL 32578
Title	MGR
Name	CLARK, CHARLES N
Address	1092 FOREST LAKE TERRACE
City-State-Zip:	NICEVILLE FL 32578

Title	AMBR
Name	CLARK, GLADYS P TTEE
Address	1315 23RD STREET
City-State-Zip:	NICEVILLE FL 32578
Title	AR
Name	CLARK, CRYSTAL L
Address	1092 FOREST LAKE TERRACE
City-State-Zip:	NICEVILLE FL 32578

*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:** CRYSTAL L CLARK

**AUTHORIZED  
REPRESENTATIVE**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date