

**2019 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:**

73 E. KATHY LANE  
FREEPORT, FL 32439 US

**FEI Number:** 47-3016614

**Certificate of Status Desired:** No

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

CLARK, CRYSTAL L  
73 E. KATHY LANE  
FREEPORT, FL 32439 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	Title	AMBR
Name	CLARK, CALVIN N TTEE	Name	CLARK, GLADYS P TTEE
Address	73 E. KATHY LANE	Address	73 E. KATHY LANE
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	FREEPORT FL 32439
Title	MGR	Title	AR
Name	CLARK, CHARLES N	Name	CLARK, CRYSTAL L
Address	73 E KATHY LANE	Address	73 E KATHY LANE
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	FREEPORT FL 32439

*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

**MBR**

**05/01/2019**

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

\_\_\_\_\_  
Date