

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000161497

**Entity Name:** 606 CLARKE, LLC

**Current Principal Place of Business:**

606 WEST CLARKE STREET  
WILDWOOD, FL 34785

**Current Mailing Address:**

PO BOX 5445  
HOLLYWOOD, FL 33083

**FEI Number:** 47-2152616

**Certificate of Status Desired:** No

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

JENKINSEL, MARCCHAHAL  
4101 SW 27TH STREET  
WEST PARK, FL 33023 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:** MARCCHAHAL JENKINSEL

04/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OPERATING MANAGER  
Name JENKINS, MARCCHAHAL A  
Address PO BOX 5445  
City-State-Zip: HOLLYWOOD FL 33083

Title AUTHORIZED MEMBER  
Name CONWAY, BLESSYNG M  
Address PO BOX 5445  
City-State-Zip: HOLLYWOOD FL 33083

Title OPERATING MANAGER  
Name JENKINS, MARCCHAHAL A  
Address PO BOX 5445  
City-State-Zip: HOLLYWOOD FL 33083

Title AUTHORIZED MEMBER  
Name CONWAY, BLESSYNG M  
Address PO BOX 5445  
City-State-Zip: HOLLYWOOD FL 33083

*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:** MARCCHAHAL A JENKINS

OPERATING MANAGER

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date