

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000007399

**Entity Name:** CLYDE'S CORNER WORKSHOPS, LLC

**Current Principal Place of Business:**

1875 12TH ST., SE  
LARGO, FL 33771

**Current Mailing Address:**

P.O. BOX 1858  
LARGO, FL 33779 US

**FEI Number:** 47-3402132

**Certificate of Status Desired:** Yes

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

JEFFRIES, DAVID M  
1227 N. FRANKLIN STREET  
TAMPA, FL 33602 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:** DAVID M. JEFFRIES

02/25/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MMGR  
Name ANDO, DAVID  
Address P.O. BOX 1858  
City-State-Zip: LARGO FL 33779

*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:** DAVID ANDO

MGR

02/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date