

2017 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: No

Name and Address of Current Registered Agent:

O'ROURKE, COLLEEN
4805 W. LAUREL ST., STE. 230
TAMPA, FL 33607 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 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 G ANDO

MEMBER MANAGER

02/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date