

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90190 004 ****50.00

DOCUMENT # L02000009154

1. Entity Name
5151 CLARK LLC



Principal Place of Business
5151 CLARK RD.
SARASOTA, FL 34233

Mailing Address
P.O. BOX 4009
SARASOTA, FL 34237

60020126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
56-2286340

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URFER, JACK D
5151 CLARK RD.
SARASOTA, FL 34233

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is ~~\$50.00~~
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☒ Delete
NAME URFER, JACK D
STREET ADDRESS 7337 QUARTER HORSE RD
CITY-ST-ZIP SARASOTA, FL 34241

TITLE MGR ☒ Change ☐ Addition
NAME URFER, JACK D.
STREET ADDRESS 5151 Clark Road
CITY-ST-ZIP Sarasota, Florida 34233

TITLE ST ☒ Delete
NAME URFER, THELMA I
STREET ADDRESS 7337 QUARTER HORSE RD
CITY-ST-ZIP SARASOTA, FL 34241

TITLE MGR ☒ Change ☐ Addition
NAME URFER, THELMA I.
STREET ADDRESS 5151 Clark Road
CITY-ST-ZIP Sarasota, Florida 34233

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CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Jack D. Urfer Manager 2-1-07 941-923-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JACK D. URFER, MANAGER