2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90399 022 ***138.75

DOCUMENT # L02000009154

1. Entity Name
5151 CLARK LLC

60011829

02062008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
5151 CLARK RD. SARASOTA, FL 34233	P.O. BOX 4009 SARASOTA, FL 34237

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5278 Station Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State
Zip: 34233 Country: USA	Zip Country

4. FEI Number: 56-2286340 ☐ Applied For ☐ Not Applicable

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: JACK D. URFER Street Address (P.O. Box Number is Not Acceptable): 5278 Station Way City: Sarasota FL Zip Code: 34233

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: Jack D. Urfer
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URFER, JACK D 5151 CLARK ROAD SARASOTA, FL 34233	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URFER, JACK D. 5278 Station Way Sarasota, FLORIDA 34233	☒ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Jack D. Urfer, As Manager