

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000016174

1. Entity Name
CLONTS BUILDING, LLC



Principal Place of Business

**2128 EAST EDGEWOOD DRIVE STE.#109
LAKELAND, FL 33803**

Mailing Address

**2128 EAST EDGEWOOD DRIVE STE.#109
LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE

03252004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0463539

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, TIMOTHY F ESQ
C/O CLARK, CAMPBELL, & MAWHINNEY, P.A.
500 SOUTH FLORIDA AVENUE STE. 800
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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 (file if applicable).

(NOTE: Registered Agent signature required when re-attesting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000106450
04/08/04-80015-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RODDA, JOHN A
2128 EAST EDGEWOOD DRIVE STE.#109
LAKELAND, FL 33803**

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/04 (863)669-0990
Date Daytime Phone #