

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90452 033 ****50.00

DOCUMENT # L02000027814

1. Entity Name
CONLEY CLAN, LLC



Principal Place of Business
**26603 S.W. 173RD PLACE
HOMESTEAD, FL 33031**

Mailing Address
**26603 S.W. 173RD PLACE
HOMESTEAD, FL 33031**

DO NOT WRITE IN THIS SPACE



04162004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
13-4221218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEDER, NATHAN I
5200 BLUE LAGOON DRIVE, SUITE 600
MIAMI, FL 33031**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMITH, ELIZABETH ANN
26603 S.W. 173RD PLACE
HOMESTEAD, FL 33031**

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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)(i), 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: *Cynthia C. King-Trears* **CYNTHIA C. KING-TREARS** *4/25/04* *305-245-6862*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #