

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90039 025 ****50.00

DOCUMENT # L03000018163

1. Entity Name
CLAY PROPERTIES, LLC



Principal Place of Business
**3839 COUNTY ROAD 218
MIDDLEBURG, FL 32068**

Mailing Address
**3839 COUNTY ROAD 218
MIDDLEBURG, FL 32068**

24001575

2. Principal Place of Business

3. Mailing Address

P.O. Box 2099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Middleburg, FL

4. FEI Number

57-1169714

Applied For
Not Applicable

Zip

Country

Zip

Country

32050-2099

USA

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

**MOTOLAW, INC.
50 NORTH LAURA STREET, STE. 2500
JACKSONVILLE, FL 32202**

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☐ Delete
NAME **Zanda M. Chandler**
STREET ADDRESS **3839 County Rd 218**
CITY-ST-ZIP **Middleburg, FL 32068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Zanda M. Chandler**

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

1/15/04 904-282-6331 x100

Date

Daytime Phone #