

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000021676

1. Entry Name
CLARITYRESEARCH, LLC



Principal Place of Business
**9433 OGLEBAY CT
RALEIGH, NC 27617-7771 US**

Mailing Address
**9433 OGLEBAY CT
RALEIGH, NC 27617-7771 US**



01022008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1822332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAMAYO, ALBERT R
8306 SW 81ST TERRACE
MIAMI, FL 33143**

**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 renewing)

DATE _____

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

U000000775732
01/08/08 00041 000 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB VELAZQUEZ, SOLANGE-MARIE 9433 OGLEBAY CT RALEIGH, NC 27617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISLEY, DONALD K 9433 OGLEBAY CT RALEIGH, NC 27617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB ISLEY, MARIA T 9433 OGLEBAY CT RALEIGH, NC 27617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB VELAZQUEZ, NICOLE-SUZETTE 9433 OGLEBAY CT RALEIGH, NC 27617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Donald K. Isley*

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

Date

Daytime Phone #

1-2-2008 294-4194