

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000047771

1. Entity Name
CLECKNER COMM, LLC



Principal Place of Business
553 JEFFERSON HEIGHTS ROAD
MONTICELLO, FL 32344 US

Mailing Address
553 JEFFERSON HEIGHTS ROAD
MONTICELLO, FL 32344 US



03122006 No Chg-LLC

CR2E093 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0440937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLECKNER, DALE J SR
553 JEFFERSON HEIGHTS ROAD
MONTICELLO, FL 32344

**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 reconstituting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CLECKNER, DALE J SR
553 JEFFERSON HEIGHTS ROAD
MONTICELLO, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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04/05/06-80039-024 50.00

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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: *Dale J. Cleckner*
DALE J. CLECKNER

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

03/20/06 *850-997-5659*

Date

Daytime Phone #