

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051012 1. Entity Name CLR ENTERPRISES, LLC	
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Principal Place of Business 1772 SW OAKWOOD RD PORT ST LUCIE, FL 34953	Mailing Address 1772 SW OAKWOOD RD PORT ST LUCIE, FL 34953
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DO NOT WRITE IN THIS SPACE



01072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0413698	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROY, CLEMENT
1772 SW OAKWOOD RD
PORT ST LUCIE, FL 34953

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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 fee, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

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

000000505245
04/26/06-80102-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROY, CLEMENT 1772 SW OAKWOOD RD PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROY, MANON 1772 SW OAKWOOD RD PORT ST LUCIE, FL 34953
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Manon Roy **4/10/06** **772-879-2791**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #