

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L03000053930**

1. Entity Name  
**CLARK & ROBERTS, PLC**



Principal Place of Business  
**501 ST. JOHNS AVENUE  
PALATKA, FL 32177**

Mailing Address  
**501 ST. JOHNS AVENUE  
PALATKA, FL 32177**



04072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0504166**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CLARK, RONALD E  
501 ST. JOHNS AVENUE  
PALATKA, FL 32177**

**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, 2006**

000000500174  
04/25/06-80012-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CLARK, RONALD E
STREET ADDRESS	501 ST. JOHNS AVENUE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	MGRM
NAME	ROBERTS, TANCE E
STREET ADDRESS	200 MALAGA STREET, SUITE 9
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #