


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (LLC-R)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90190 010 \*\*\*\*55.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> L04000002405                    |  |
| <b>1. Entity Name</b><br>CLARENCE RAY POWERS, LLC |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>4973 HORACE LUNSFORD RD<br>MILTON FL 32570<br>US | <b>Mailing Address</b><br>4973 HORACE LUNSFORD RD<br>MILTON FL 32570<br>US |
|--|--|



|   |                           |
|---|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State  | City & State              |
| Zip   | Country                   |

1st MOORE CR2E083 (10/06)

|   |  |
|---|--|
| <b>4. FEI Number</b><br>NO-T APPLICABLE   | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |
| POWERS, CLARENCE R<br>4973 HORACE LUNSFORD RD<br>MILTON FL 32570  |  |
| <b>7. Name and Address of New Registered Agent</b>  |  |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By May 1, 2007</b>                                |  |

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGRM<br>POWERS, CLARENCE R<br>4973 HORACE LUNSFORD RD<br>MILTON FL 32570 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Clarence R Powers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #