

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000006269

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** CLARK FOUNDATION REPAIR, LLC

**Current Principal Place of Business:**

540 HWY 16 E  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

540 LEONARD C. TAYLOR PARKWAY  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

540 HWY 16 E  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

540 LEONARD C. TAYLOR PARKWAY  
GREEN COVE SPRINGS, FL 32043

**FEI Number:** 20-0727564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, DANNY G  
540 HWY 16 E  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

CLARK, DANNY G  
540 LEONARD C. TAYLOR PARKWAY  
GREEN COVE SPRINGS, FL 32043 US

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.

SIGNATURE:

03/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLARK, DANNY G  
Address: 540 LEONARD C. TAYLOR PARKWAY  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM  
Name: CLARK, MARTHA S  
Address: 540 LEONARD C. TAYLOR PARKWAY  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DANNY G. CLARK

MGRM

03/11/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date