

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT# L04000010706

1. Entity Name

CLIFFORD PIERCE "LLC"



FILED

Jan 22, 2007 08:00 AM  
Secretary of State

Principal Place of Business

1339 STEPHENS STREET  
JENNINGS FL 32053

Mailing Address

1339 STEPHENS STREET  
JENNINGS FL 32053

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

34-1984707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, CLIFFORD  
1339 STEPHENS STREET  
JENNINGS FL 32053

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  
NAME: PIERCE, CLIFFORD  
STREET ADDRESS: 1339 STEPHENS STREET  
CITY-STATE-ZIP: JENNINGS FL 32053

☐ Delete

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

NAME: U000000598981  
STREET ADDRESS: 01/25/07-80008-016 50.00  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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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.