

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 015 ****50.00

DOCUMENT # L04000063796

1. Entity Name

MCCLENDON & ASSOCIATES, LLC



Principal Place of Business

420 OAK HARBOR LANE
UNIT 201
DESTIN FL 32541
US

Mailing Address

420 OAK HARBOR LANE
UNIT 201
DESTIN FL 32541
US

2. Principal Place of Business

3384 US Highway 98 W

3. Mailing Address

SAME AS TO LEFT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH FL

City & State

11

4. FEI Number

20-2518421

Applied For

Not Applicable

Zip

32459

Country

WALTON

Zip

11

Country

11

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLENDON, ROBERT BRANCH
420 OAK HARBOR LANE
UNIT 201
DESTIN FL 32541

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MCCLENDON, ROBERT BRANCH
STREET ADDRESS 420 OAK HARBOR LANE, UNIT 201
CITY-ST-ZIP DESTIN FL 32541

TITLE MGR ☐ Delete
NAME MCCLENDON, GLENN RAYMOND JR.
STREET ADDRESS 420 OAK HARBOR LANE, UNIT 201
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Raymond Mcclendon RAYMOND MCCLENDON 3/16/05 850-622-3272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #