

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 21, 2005 8:00 am
Secretary of State

01-28-2005 90075 020 ****55.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000065482			
1. Entity Name CLAY SWINDLE LLC.			
Principal Place of Business 1485 ANDREW REAMS ROAD PERRY FL 32347		Mailing Address 1485 ANDREW REAMS ROAD PERRY FL 32347	
2. Principal Place of Business <i>1485 Andrew Reams Road</i> Suite, Apt. #, etc.		3. Mailing Address <i>1485 Andrew Reams Road</i> Suite, Apt. #, etc.	
City & State <i>Perry Florida</i> Zip <i>32347</i> Country <i>USA</i>		City & State <i>Perry Florida</i> Zip <i>32347</i> Country <i>USA</i>	
4. FEI Number <i>20-2266500</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SWINDLE, CLAY 1485 ANDREW REAMS ROAD PERRY FL 32347		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWINDLE, CLAY 1485 ANDREW REAMS ROAD PERRY FL 32347 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SWINDLE, JOAN 1485 ANDREW REAMS ROAD PERRY FL 32347 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.			
SIGNATURE: <i>Clay Swindle, MGRM</i>		Date: <i>Mar 25, 2005</i> 850-223-1780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	