

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000065482

1. Entity Name

CLAY SWINDLE L.L.C.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2266500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWINDLE, CLAY
1485 ANDREW REAMS ROAD
PERRY FL 32347

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 the filer (Note: Registered agent signature required when reappointing)

(NOTE: Registered agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SWINDLE, CLAY
STREET ADDRESS 1485 ANDREW REAMS ROAD
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition
NAME UN00000829807
STREET ADDRESS 02/26/08-80056-018 138.75
CITY-ST-ZIP 02/26/08-80056-018 5.00

TITLE MGR ☐ Delete
NAME SWINDLE, JOAN
STREET ADDRESS 1485 ANDREW REAMS ROAD
CITY-ST-ZIP PERRY FL 32347

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: *Clay Swindle LLC*

February 13, 2008 (950-223-1780)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone