

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

03-19-2008 90145 006 ***138.45
L04000072432

FILED

2008 APR -9 PM 12: 31

SECRETARY OF STATE
TALLAHASSEE 60015099A



03072008No Chg-LLC CR2E083 (12/07)

DOCUMENT # L04000072432

1. Entity Name
GREGORY CLAYTON LLC



Principal Place of Business
**1822 BARRINGTON ROAD
MONTICELLO, FL 32344**

Mailing Address
**1822 BARRINGTON ROAD
MONTICELLO, FL 32344**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2457522	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLAYTON, DIANNE
1822 BARRINGTON ROAD
MONTICELLO, FL 32344**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLAYTON, GREGORY 1822 BARRINGTON ROAD MONTICELLO, FL 32344
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Gregory Clayton

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

3-8-08

Date

Daytime Phone #