


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90274 006 ****50.00

DOCUMENT # L05000039332 1. Entity Name PERRY-CLIFTON ENTERPRISES, LLC					
Principal Place of Business 1115 WHITEPOINT ROAD NICEVILLE, FL 32578 US			Mailing Address 1115 WHITEPOINT ROAD NICEVILLE, FL 32578 US		
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		
6. Name and Address of Current Registered Agent CLIFTON, LYNDON E 1115 WHITEPOINT ROAD NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number APPLIED FOR 202745175		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLIFTON, LYNDON E 1115 WHITEPOINT ROAD NICEVILLE, FL 32578	<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	MGRM PERRY, CHRISTIAN D 521 PARRISH BOULEVARD MARY ESTHER, FL 32569	<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	MGRM RICHARDS, CHRISTOPHER 2500 WEST MEIGHAN BOULEVARD GADSDEN, AL 35904	<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	MGRM RICHARDS, JOHN ERIC 2500 WEST MEIGHAN BOULEVARD GADSDEN, AL 35904	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ 2-19-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 202745175

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

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**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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CITY-ST-ZIP

MGRM
CLIFTON, LYNDON E
1115 WHITEPOINT ROAD
NICEVILLE, FL 32578

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
PERRY, CHRISTIAN D
521 PARRISH BOULEVARD
MARY ESTHER, FL 32569

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TITLE
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STREET ADDRESS
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MGRM
RICHARDS, CHRISTOPHER
2500 WEST MEIGHAN BOULEVARD
GADSDEN, AL 35904

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MGRM
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