

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90020 050 ****50.00

DOCUMENT # L05000062782

1. Entity Name
CLIFFCO INTERESTS, LLC



Principal Place of Business
**25 WALTER MARTIN ROAD
FT. WALTON BEACH, FL 32548**

Mailing Address
**25 WALTER MARTIN ROAD
FT. WALTON BEACH, FL 32548**

30008240



2. Principal Place of Business

3. Mailing Address

P.O. Box 1297

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202006 Chg-LLC CR2E083 (11/05)

City & State

City & State

FT. WALTON BEACH, FL

4. FEI Number

20-3072406

Applied For
Not Applicable

Zip

Country

Zip

Country

32549

USA

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

**MARKER, RANDALL L ESQ.
% RANDALL L. MARKER, P.A.
300 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

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

**Filing Fee is \$50.00
Due by May 1, 2008**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **Managing member**
STREET ADDRESS **Gardner C. Smith**
CITY-ST-ZIP **P.O. Box 1297
FT. WALTON BEACH, FL 32549**

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

TITLE ☐ Delete
NAME
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 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

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

7/20/06

Daytime Phone #