

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067281

FILED
Apr 20, 2009
Secretary of State

Entity Name: 11511 WEST CLAYTON DRIVE, LLC

Current Principal Place of Business:

313 CYPRESS STREET
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

313 CYPRESS STREET
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 54-0259290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, WILLIAM I
313 CYPRESS STREET
FLAGLER BEACH, FL, FL 32136 US

Name and Address of New Registered Agent:

LIVINGSTON, WILLIAM I
313 CYPRESS STREET
FLAGLER BEACH, FL 32136 US

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.

SIGNATURE: WILLIAM I. LIVINGSTON

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIVINGSTON, WILLIAM I
Address: 313 CYPRESS STREET
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM () Delete
Name: LIVINGSTON, RUTH C
Address: 313 CYPRESS STREET
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM () Delete
Name: PRICE, RON A
Address: 96 CYPRESS BOULEVARD WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: MGRM () Delete
Name: PRICE, CORAL A
Address: 96 CYPRESS BOULEVARD WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: MGRM () Delete
Name: SNELL, FREDERICK J JR.
Address: 6210 W. CORPORATE OAKS DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM () Delete
Name: SNELL, JULIE B
Address: 6210 W. CORPORATE OAKS DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM I. LIVINGSTON

MR.

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date