

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90039 045 ****50.00

DOCUMENT # L05000088140

1. Entity Name
345 CLYDE, LLC



Principal Place of Business
444 SEABREEZE BLVD.
SUITE 780
DAYTONA BEACH, FL 32118

Mailing Address
444 SEABREEZE BLVD.
SUITE 780
DAYTONA BEACH, FL 32118



2. Principal Place of Business

3. Mailing Address

04042006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3574327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE & ROSE, P.A.
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name John J. Adams

Street Address (P.O. Box Number is Not Acceptable)

444 Seabreeze Blvd. Ste 780

City Daytona Beach

FL 32118

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

44-06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ADAMS, JOHN J
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 780
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGR ☐ Delete
NAME ROBERT L. ADAMS REVOKABLE TRUST OF 5/13/05
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 780
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME Ryan S. Adams
STREET ADDRESS 297 N. Beach St.
CITY-ST-ZIP Ormond Beach FL 32174

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

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

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

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

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

Date

Daytime Phone #

44-06 386-253-8044