

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000089613**

1. Entity Name  
**CLARKE FAMILY INVESTMENTS, LLC**



Principal Place of Business

**1160 NW CR 341  
BELL, FL 32619**

Mailing Address

**468 COFFEE RIDGE ROAD  
ERWIN, TN 37650**



02182007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3443515**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BEAUCHAMP, ROBERT J  
105 SE PARK AVE  
CHIEFLAND, FL 32626**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CLARKE, DENNIS O  
468 COFFEE RIDGE RD  
ERWIN, TN 37650**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CLARKE, TRACY  
1160 NW CR 341  
BELL, FL 32619**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

000000652985  
03/12/07-80037-009 50.00

**DO NOT WRITE  
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: \_\_\_\_\_

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

**2/25/2007**

Date

**423 743 4572**

Daytime Phone #

**DENNIS O. CLARKE**