

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90254 026 ****55.00

DOCUMENT # L06000100468

1. Entity Name
CLAY MARTIN, CHARTERED



Principal Place of Business
21622 US HWY 301, NORTH
LAWTEY, FL 32058

Mailing Address
P.O. BOX 1403
NEWBERRY, FL 32669

60047925



2. Principal Place of Business - No P.O. Box #
851 NW 250th Terrace

3. Mailing Address

Suite, Apt. #, etc.
Suite 3

Suite, Apt. #, etc.

City & State
Newberry, FL

City & State

Zip
32669

Country
US

Zip

Country

05012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5712666

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, WILLIAM C III
21622 US HWY 301, NORTH
LAWTEY, FL 32058

7. Name and Address of New Registered Agent

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, WILLIAM C III
21622 US HWY 301, NORTH
LAWTEY, FL 32058 ☐ Delete

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

TITLE
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TITLE
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CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

5/1/07 (352) 472-4131