

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2011
LIMITED LIABILITY
COMPANY
Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY -6 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000058363

1. Limited Liability Company's Name

CLA-O PROP

2. Principal Office Address - No P.O. Box #

1071 N County Rd 315

Suite, Apt. #, etc.

City & State

Melrose, FL

Zip

32666

Country

Putnam

3. Mailing Office Address

1071 N County Rd 315

Suite, Apt. #, etc.

City & State

Melrose, FL

Zip

32666

Country

Putnam

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

06/04/2007

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
John H. Clay

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

1071 N County Rd 315

Suite, Apt. #, Etc.

City

Melrose

State

FL

Zip Code

32666

E-mail Address:

claostrich@copper.net

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

John H. Clay

Date 4-21-11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	John H. Clay	1071 N County Rd 315	Melrose, FL 32666
MGR	Wilhelmina H Clay	1071 N County Rd 315	Melrose, FL 32666

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

John H. Clay

Date 04/21/2011

Daytime Phone # 1(386)659-1182

Typed or printed name of signing Managing Member/Manager John H. Clay