


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
ANNUAL REPORT 2012

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000058363

1. Limited Liability Company's Name

CLA-O PROPERTIES

2. Principal Office Address - No P.O. Box # 1071 N County Rd 315		3. Mailing Office Address 1071 N County Rd 315	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melrose, FL		City & State Melrose, FL	
Zip 32666	Country Putnam	Zip 32666	Country Putnam

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
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4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida **06/04/2007**

6. FEI Number **26-0722354** ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00** Additional Fee required for a Certificate of Status

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 _____ Date _____
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

JB

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 **01/13-2012** Daytime Phone # **1(386)659-1182**
Typed or printed name of signing Managing Member/Manager _____