

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000063748

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** CLAYTON REED VENTURE, LLC

**Current Principal Place of Business:**

820 BENT CREEK DRIVE  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

820 BENT CREEK DRIVE  
FORT PIERCE, FL 34947

**New Mailing Address:**

**FEI Number:** 26-0420411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARQUIS-ABRAMS, RENEE  
311 SOUTH SECOND STREET, SUITE 200  
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BELL, LLOYD F JR.  
**Address:** 820 BENT CREEK DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34947

**Title:** MGRM  
**Name:** NUTT, MICHAEL J MR.  
**Address:** 2770 YONAH HOMER ROAD  
**City-St-Zip:** LLULA, GA 30554

**Title:** MGRM  
**Name:** MARTIN, JULIE E MS.  
**Address:** 820 BENT CREEK DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34947

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JULIE MARTIN

MGR

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date