

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000068360

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** CLAY JORDAN & MIGNON JORDAN EDWARDS, LLC

**Current Principal Place of Business:**

16520 U.S. HIGHWAY 301  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

16520 U.S. HIGHWAY 301  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 59-2163752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOWLER WHITE BOGGS BANKER P.A.  
C/O HUNTER J. BROWNLEE  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602 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: JORDAN, C. CLAY  
Address: 16520 US HWY 301  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM  
Name: EDWARDS, MIGNON J  
Address: 16520 US HWY 301  
City-St-Zip: DADE CITY, FL 33523

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: C. CLAY JORDAN

MGRM

03/16/2010

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