

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085102

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** CLAYTONS HOME REPAIR LLC

**Current Principal Place of Business:**

3589 134TH PLACE  
WELLBORN, FL 32094

**New Principal Place of Business:**

3589 134TH PLACE  
WELLBORN, FL 32094 US

**Current Mailing Address:**

3589 134TH PLACE  
WELLBORN, FL 32094

**New Mailing Address:**

3589 134TH PLACE  
WELLBORN, FL 32094 US

FEI Number: 71-1039060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BOX, CLAYTON  
3589 134TH PLACE  
WELLBORN, FL 32094 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: MGR  
Name: BOX, CLAYTON  
Address: 3589 134TH PLACE  
City-St-Zip: WELLBORN, FL 32094 US

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: CLAYTON BOX

MGR

01/16/2012

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