

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000092323

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** CLAY COUNTY III, LLC

**Current Principal Place of Business:**

900 EAST OCEAN BLVD.  
210B  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

900 EAST OCEAN BLVD.  
210B  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 26-1138776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUMNER, ELDER M  
204 SW 3RD STREET  
OKEECHOBEE, FL 34974 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:** ELDER M SUMNER REV TRUST UDT 8-13-2007  
**Address:** 204 SW 3RD STREET  
**City-St-Zip:** OKEECHOBEE, FL 34974

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: ELDER M. SUMNER REVOC TRUST UDT 8-13-07

MGRM

04/06/2012

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