

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094756

FILED
Aug 31, 2009
Secretary of State

Entity Name: JIMMY J. CLAY LLC

Current Principal Place of Business:

21300 NE BOB SANDERS RD
HOSFORD, FL 32334

New Principal Place of Business:

#12 GULF BREEZE CT
CRAWFORDVILLE, FL 32327

Current Mailing Address:

PO BOX 8
HOSFORD, FL 32334

New Mailing Address:

PO BOX 1404
CRAWFORDVILLE, FL 32327

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLAY, JIMMY J
21300 NE BOB SANDERS RD
HOSFORD, FL 32334 US

Name and Address of New Registered Agent:

CLAY, JIMMY J
#12 GULF BREEZE CT
CRAWFORDVILLE, FL 32327 US

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: JIMMY J CLAY

08/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLAY, JIMMY J
Address: PO BOX 8
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLAY, JIMMY J
Address: PO BOX 1404
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JIMMY J CLAY

MGRM

08/31/2009

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