

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007776

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** FREE ENTRY CLAY COUNTY LLC

**Current Principal Place of Business:**

3959 SPRING GLEN RD  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

3959 SPRING GLEN RD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

3959 SPRING GLEN RD  
JACKSONVILLE, FL 32207 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SALLOUM, MAZEN G  
4599 ECTON LANE  
JACKSONVILLE, FL 32246 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: SALLOUM, MAZEN G  
Address: 3959 SPRING GLEN RD  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM  
Name: SKIDMORE, BRAD D  
Address: 231 KOOLABREW DR, NW  
City-St-Zip: CALABASH, NC 28467 US

Title: MGRM  
Name: RYLES, MICHAEL W  
Address: 231 KOOLABREW DR, NW  
City-St-Zip: CALABASH, NC 28467 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:** LAURIE M. LEE, ESQ.

ATTY

02/14/2012

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