

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000013994

Entity Name: DR. DAVID CLAY, LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

587 SATSUMA RD  
CHATTAHOOCHEE, FL 32324

**New Principal Place of Business:**

587 SATSUMA RD  
CHATTAHOOCHEE, FL 32324 US

**Current Mailing Address:**

587 SATSUMA RD  
CHATTAHOOCHEE, FL 32324

**New Mailing Address:**

587 SATSUMA RD  
CHATTAHOOCHEE, FL 32324 US

FEI Number: 27-5015268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CLAY, DAVID PH.D.  
587 SATSUMA RD  
CHATTAHOOCHEE, FL 32324 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: CEO  
Name: CLAY, DAVID PH.D.  
Address: 587 SATSUMA RD.  
City-St-Zip: CHATTAHOOCHEE, FL 32324 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: DAVID CLAY

CEO

02/16/2011

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