

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006536

**Entity Name:** LAW OFFICES OF CLAYTON J. MYNARD, P.L.

**Current Principal Place of Business:**

4307 W. PEARL AVE.  
STE B  
TAMPA, FL 33611-3433

**Current Mailing Address:**

P.O. BOX 18361  
TAMPA, FL 33679-8361 US

**FEI Number:** 03-0419098

**Certificate of Status Desired:** No

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

MYNARD, CLAYTON  
4307 W. PEARL AVE.  
STE. B  
TAMPA, FL 33611-3433 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MYNARD, CLAYTON  
Address 4307 W. PEARL AVE., STE. B  
City-State-Zip: TAMPA FL 33611-3433

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAYTON MYNARD

MGRM

01/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date