

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049957

**Entity Name:** PAUL CLECKNER LLC

**Current Principal Place of Business:**

449 BARNES ROAD  
MONTICELLO, FL 32344

**Current Mailing Address:**

449 BARNES ROAD  
MONTICELLO, FL 32344 US

**FEI Number:** 20-0450753

**Certificate of Status Desired:** No

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

CLECKNER, PAUL  
449 BARNES ROAD  
MONTICELLO, FL 32344 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 MGR  
Name CLECKNER, PAUL  
Address 449 BARNES ROAD  
City-State-Zip: MONTICELLO FL 32344

*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:** PAUL CLECKNER

**MANAGER**

**03/19/2020**

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

\_\_\_\_\_  
Date