

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067281

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC8167594095**

**Entity Name:** 11511 WEST CLAYTON DRIVE, LLC

**Current Principal Place of Business:**

313 CYPRESS STREET  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

313 CYPRESS STREET  
FLAGLER BEACH, FL 32136

**FEI Number:** 54-0259290

**Certificate of Status Desired:** No

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

LIVINGSTON, WILLIAM I  
313 CYPRESS STREET  
FLAGLER BEACH, FL 32136 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 LIVINGSTON, WILLIAM I  
Address 313 CYPRESS STREET  
City-State-Zip: FLAGLER BEACH FL 32136

Title MGRM  
Name LIVINGSTON, RUTH C  
Address 313 CYPRESS STREET  
City-State-Zip: FLAGLER BEACH FL 32136

Title MGRM  
Name MAYER, JESSE J  
Address 8119 28TH AVE. NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** LIVINGSTON, WILLIAM I

**REGISTERED AGENT**

**03/23/2015**

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

\_\_\_\_\_  
Date