

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095558

**Entity Name:** CLARA BROCK LOWNES LLC

**Current Principal Place of Business:**

C/O TRACY L. LAMPORT  
543 WHITE PELICAN CIRCLE  
ORCHID, FL 32963

**Current Mailing Address:**

C/O TRACY L. LAMPORT  
543 WHITE PELICAN CIRCLE  
ORCHID, FL 32963

**FEI Number:** 51-0620048

**Certificate of Status Desired:** No

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

LAMPORT, ALLAN H  
543 WHITE PELICAN CIRCLE  
ORCHID, FL 32963 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	Title	MGR
Name	LAMPORT, ALLAN H	Name	LAMPORT, TRACY L
Address	543 WHITE PELICAN CIRCLE	Address	543 WHITE PELICAN CIRCLE
City-State-Zip:	ORCHID FL 32963	City-State-Zip:	ORCHID FL 32963

*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:** ALLAN H. LAMPORT

**MANAGER**

**03/21/2019**

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

\_\_\_\_\_  
Date