

2015 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

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date