

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000089518

**Entity Name:** D & R PROPERTIES OF CLAY COUNTY, LLC

**Current Principal Place of Business:**

1448 CRICKET HOLLOW LANE  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

1448 CRICKET HOLLOW LN  
JACKSONVILLE, FL 32259 US

**FEI Number:** 45-2917802

**Certificate of Status Desired:** No

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

WILSON, J. CHARLES  
3030 HARTLEY RD, SUITE 120  
JACKSONVILLE, FL 32257 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 BLONG, DENISE  
Address 6708 CRYSDTAL LAKE ROAD  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title MGRM  
Name WILSON, ROXANNE  
Address 1448 CRICKET HOLLOW LN  
City-State-Zip: JACKSONVILLE FL 32259

Title AUTHORIZED REPRESENTATIVE  
Name WILSON, J CHARLES  
Address 1448 CRICKET HOLLOW LANE  
City-State-Zip: JACKSONVILLE FL 32259

*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:** J CHARLES WILSON

**AUTHORIZED  
REPRESENTATIVE**

**04/27/2015**

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

\_\_\_\_\_  
Date