

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000041248

Entity Name: KLAYROCK, LLC**Current Principal Place of Business:**620 UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024**Current Mailing Address:**620 UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US**FEI Number:** 45-4825816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLAYBORNE, KISHON A
620 UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 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	CLAYBORNE, KISHON A
Address	1650 GALIANO ST TH14
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	CLAYBORNE, GEREL
Address	620 UNIVERSITY DRIVE
City-State-Zip:	PEMBROKE PINES FL 33024

Title	MGR
Name	CLAYBORNE, KENDALL A
Address	11551 SW 30TH ST APT 201
City-State-Zip:	MIRAMAR FL 33025

Title	SECRETARY
Name	CLAYBORNE, GEREL
Address	620 UNIVERSITY DRIVE
City-State-Zip:	PEMBROKE PINES FL 33024

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: KISHON CLAYBORNE**OWNER****10/29/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date