

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000018309

**Entity Name:** CLAVE DYNASTY, LLC

**Current Principal Place of Business:**

5250 95TH ST N SUITE 19B  
ST PETERSBURG, FL 33708

**Current Mailing Address:**

5250 95TH ST N SUITE 19B  
ST PETERSBURG, FL 33708

**FEI Number:** 46-4358692

**Certificate of Status Desired:** No

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

PERDUE, JESSI  
13368 1ST ST. E  
#2  
MADEIRA BEACH, FL 33708 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 AMBR  
Name BODINSKI, BRIAN  
Address 13368 1ST ST E  
City-State-Zip: MADEIRA BEACH FL 33708

Title AMBR  
Name TOWNE, STEPHEN  
Address 1555 IDLE DR  
City-State-Zip: CLEARWATER FL 33756

Title OFFICE MANAGER  
Name PERDUE, JESSI  
Address 13368 1ST ST. E  
#2  
City-State-Zip: MADEIRA BEACH FL 33708

*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:** JESSI PERDUE

OFFICE MANAGER

01/25/2016

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

\_\_\_\_\_ Date