

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000131053

**Entity Name:** NALE CLERMONT, LLC**Current Principal Place of Business:**3641 W. KENNEDY BLVD., SUITE A  
TAMPA, FL 33609**Current Mailing Address:**3641 W. KENNEDY BLVD., SUITE A  
TAMPA, FL 33609**FEI Number:** 82-1945821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVY, CLIFF  
3641 W. KENNEDY BLVD., SUITE A  
TAMPA, FL 33609 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	LEVY, CLIFF
Address	3641 W. KENNEDY BLVD., SUITE A
City-State-Zip:	TAMPA FL 33609

Title	MGR
Name	LEVY, JORDAN
Address	3641 W. KENNEDY BLVD., SUITE A
City-State-Zip:	TAMPA FL 33609

Title	MGR
Name	AHERN, CASEY
Address	3641 W. KENNEDY BLVD., SUITE A
City-State-Zip:	TAMPA FL 33609

Title	AMBR
Name	NALE DEVELOPMENTS (FLORIDA), INC.
Address	3641 W. KENNEDY BLVD., SUITE A
City-State-Zip:	TAMPA FL 33609

Title	MGR
Name	LEVY, GRANT
Address	3641 W. KENNEDY BLVD., SUITE A
City-State-Zip:	TAMPA FL 33609

Title	MGR
Name	LEVY, SHAYLA
Address	3641 W. KENNEDY BLVD., SUITE A
City-State-Zip:	TAMPA FL 33609

*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:** CLIFF LEVY**MEMBER****04/09/2025**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date