



LIMITED LIABILITY COMPANY ANNUAL REPORT

SOSID: 1291094
Date Filed: 3/14/2013 10:29:00 AM
Elaine F. Marshall
North Carolina Secretary of State

CA201307305367

NAME OF LIMITED LIABILITY COMPANY: Will Clark Properties LLCSECRETARY OF STATE ID NUMBER: 1291094

STATE OF FORMATION: _____

REPORT FOR THE YEAR: 2013

Filing Office Use Only

☒ Changes**SECTION A: REGISTERED AGENT'S INFORMATION**1. NAME OF REGISTERED AGENT: John S. Williford Jr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

422 Sunset AvenueRocky Mount, NC 278804 Edgecombe

4. REGISTERED OFFICE MAILING ADDRESS

P O Box 4538Rocky Mount, NC 27803**SECTION B: PRINCIPAL OFFICE INFORMATION**1. DESCRIPTION OF NATURE OF BUSINESS: real property2. PRINCIPAL OFFICE PHONE NUMBER: 252-442-3115

3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

233 Kandemor LaneRocky Mount, NC 27804 Nash

5. PRINCIPAL OFFICE MAILING ADDRESS

PO Box 12181Raleigh, NC 27605**SECTION C: MANAGERS/MEMBERS/ORGANIZERS** (Enter additional Managers/Members/Organizers in Section E.)NAME: Roy A. Cooper, IIINAME: Pell C. Cooper

NAME: _____

TITLE: managerTITLE: manager

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

PO Box 12181233 Kandemor LaneRaleigh, NC 27605Rocky Mount, NC 27804**SECTION D: CERTIFICATION OF ANNUAL REPORT.** Section D must be completed in its entirety by a person/business entity.

SIGNATURE

DATE

Form must be signed by a Manager/Member listed under Section C of this form.

Pell C. Coopermanager

Print or Type Name of Manager/Member

TITLE





LIMITED LIABILITY COMPANY ANNUAL REPORT

SOSID: 1291094
 Date Filed: 2/17/2014 2:26:00 PM
 Elaine F. Marshall
 North Carolina Secretary of State

CA2014 048 01191

NAME OF LIMITED LIABILITY COMPANY: Will Clark Properties LLC

SECRETARY OF STATE ID NUMBER: 1291094 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2014

Filing Office Use Only

☒ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: John S. Williford Jr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

422 Sunset Avenue

Rocky Mount, NC 278804 Edgecombe

4. REGISTERED OFFICE MAILING ADDRESS

P O Box 4538

Rocky Mount, NC 27803

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Real Property

2. PRINCIPAL OFFICE PHONE NUMBER: (252) 442-3115

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

233 Kandemor Lane

Rocky Mount, NC 27804 Nash

5. PRINCIPAL OFFICE MAILING ADDRESS

PO Box 12181

Raleigh, NC 27605

SECTION C: COMPANY OFFICIALS/ORGANIZERS (Enter additional Company Officials/Organizers in Section E.)

NAME: Roy A Cooper III

NAME: Pell C Cooper

NAME: _____

TITLE: Manager

TITLE: Manager

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

PO Box 12181

233 Kandemor Lane

Raleigh, NC 27605

Rocky Mount, NC 27804

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Pell C Cooper
 SIGNATURE

2-11-2014
 DATE

Form must be signed by a Company Official/Organizer listed under Section C of this form.

Pell C. Cooper

manager

Print or Type Name of Company Official/Organizer

TITLE



LAW OFFICES
FIELDS & COOPER, PLLC

ROCKY MOUNT & NASHVILLE
NORTH CAROLINA

MILTON P. FIELDS (retired)
ROY A. COOPER, JR. (retired)
JOHN S. WILLIFORD, JR.
ELIZABETH H. FAIRMAN
MARK E. EDWARDS
MARK C. OSTERHOUT
MICHAEL D. GAYNOR

REPLY TO:

P.O. Box 4538
Rocky Mount, NC 27803

February 14, 2014

OFFICES

422 SUNSET AVENUE
P.O. BOX 4538
ROCKY MOUNT, NC 27803-0538
(252) 442-3115
FAX # (252) 442-4170

213 W. WASHINGTON STREET
P.O. DRAWER 757
NASHVILLE, NC 27856
(252) 459-2121
FAX # (252) 459-2123

North Carolina Secretary of State
Corporate Division
P.O. Box 29525
Raleigh, NC 27626

re: Will Clark Properties LLC

Ladies and Gentlemen:

Please file the enclosed annual report. A check in the amount of \$200.00 representing the fee is enclosed.

Thank you for your assistance.

Yours very truly,

Fields & Cooper, PLLC

John S. Williford, Jr.

JSWjr:mkr
enclosures

SOSID: 1291094
 Date Filed: 4/1/2015 4:08:00 PM
 Elaine F. Marshall
 North Carolina Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT

CA2015 091 02967

NAME OF LIMITED LIABILITY COMPANY: WILL CLARK PROPERTIES LLC

Fictitious Name, if any, used in North Carolina: _____

Filing Office Use Only

SECRETARY OF STATE ID NUMBER: 1291094

STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2015

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: JOHN S. WILLIFORD, JR.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

4. REGISTERED OFFICE MAILING ADDRESS

422 SUNSET AVENUE

PO BOX 4538

ROCKY MOUNT

NC 27804

NASH

ROCKY MOUNT

NC 27803

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: RENTAL REAL ESTATE

2. PRINCIPAL OFFICE PHONE NUMBER: 252-442-3115 3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

5. PRINCIPAL OFFICE MAILING ADDRESS

422 SUNSET AVENUE

PO BOX 12181

ROCKY MOUNT

NC 27804

NASH

RALEIGH

NC 27605

SECTION C: COMPANY OFFICIALS/ORGANIZERS (Enter additional Company Officials/Organizers in Section E.)

NAME: PELL C. COOPER NAME: _____ NAME: _____

TITLE: MEMBER/ MANAGER TITLE: _____ TITLE: _____

ADDR.: 233 KANDEMOR DR ADDR.: _____ ADDR.: _____

ROCKY MOUNT _____

NC 27804 _____

SECTION D: CERTIFICATION OF ANNUAL REPORT Section D must be completed in its entirety by a person/business entity.

Pell C. Cooper 3-24-15
 SIGNATURE DATE

Form must be signed by a Company Official/Organizer listed under Section C of this form.

Pell C. Cooper Member
 Print or Type Name of Company Official/Organizer TITLE



LIMITED LIABILITY COMPANY ANNUAL REPORT

SOSID: 1291094
Date Filed: 4/14/2016 11:59:00 PM
Elaine F. Marshall
North Carolina Secretary of State
CA2016 105 12018

NAME OF LIMITED LIABILITY COMPANY: Will Clark Properties LLC

SECRETARY OF STATE ID NUMBER: 1291094 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2016

Filing Office Use Only

☒ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: John S. Williford Jr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

422 Sunset Avenue

Rocky Mount, NC 27804, Nash

4. REGISTERED OFFICE MAILING ADDRESS

P O Box 4538

Rocky Mount, NC 27803

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Real Property

2. PRINCIPAL OFFICE PHONE NUMBER: (252) 442-3115

3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

422 Sunset Avenue

Rocky Mount, NC 27804, Nash

5. PRINCIPAL OFFICE MAILING ADDRESS

PO Box 12181

Raleigh, NC 27605



SECTION C: COMPANY OFFICIALS (Enter additional Company Officials in Section E.)

NAME: Pell C Cooper

NAME: _____

NAME: _____

TITLE: Manager

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

233 Kandemor Lane

Rocky Mount, NC 27804

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Pell C. Cooper

SIGNATURE

Form must be signed by a Company Official listed under Section C of this form.

4-12-16

DATE

Pell C. Cooper

Print or Type Name of Company Official

manager

Print or Type The Title of the Company Official

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200
MAIL TO: Secretary of State, Corporations Division, Post Office Box 29525, Raleigh, NC 27626-0525





LIMITED LIABILITY COMPANY ANNUAL REPORT

SOSID: 1291094
Date Filed: 3/2/2017 11:59:00 PM
Elaine F. Marshall
North Carolina Secretary of State
CA2017 061 03208

NAME OF LIMITED LIABILITY COMPANY: Will Clark Properties LLC

SECRETARY OF STATE ID NUMBER: 1291094 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2017

Filing Office Use Only

☒ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: John S. Williford Jr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

422 Sunset Avenue

Rocky Mount, NC 27804, Nash

4. REGISTERED OFFICE MAILING ADDRESS

P O Box 4538

Rocky Mount, NC 27803

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Real Property

2. PRINCIPAL OFFICE PHONE NUMBER: (252) 442-3115

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

422 Sunset Avenue

Rocky Mount, NC 27804 Nash

5. PRINCIPAL OFFICE MAILING ADDRESS

PO Box 12181

Raleigh, NC 27605



SECTION C: COMPANY OFFICIALS (Enter additional Company Officials in Section E.)

NAME: Pell C Cooper

NAME: _____

NAME: _____

TITLE: Manager

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

233 Kandemor Lane

Rocky Mount, NC 27804

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Pell C. Cooper

SIGNATURE

Form must be signed by a Company Official listed under Section C of this form.

2-28-17

DATE

Pell C. Cooper

Print or Type Name of Company Official

manager

Print or Type The Title of the Company Official





10/2017

LIMITED LIABILITY COMPANY ANNUAL REPORT

SOSID: 1291094
 Date Filed: 4/12/2018 11:59:00 PM
 Elaine F. Marshall
 North Carolina Secretary of State
C2018 121 01952

NAME OF LIMITED LIABILITY COMPANY: Will Clark Properties LLC

SECRETARY OF STATE ID NUMBER: 1291094 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2018



Filing Office Use Only

☒ Changes
SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: John S. Williford Jr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

4. REGISTERED OFFICE MAILING ADDRESS

422 Sunset Ave.

P O Box 4538

Rocky Mount, NC 27804 Nash

Rocky Mount, NC 27803

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Real Property

2. PRINCIPAL OFFICE PHONE NUMBER: (252) 442-3115

3. PRINCIPAL OFFICE EMAIL

Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

5. PRINCIPAL OFFICE MAILING ADDRESS

422 Sunset Ave.

PO Box 12181

Rocky Mount, NC 27804 Nash

Raleigh, NC 27605



6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

☐

The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Pell C Cooper

NAME: _____

NAME: _____

TITLE: Manager

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

233 Kandemor Lane

Rocky Mount, NC 27804

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Pell C. Cooper

4-2-2018

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

Pell C. Cooper

manager

Print or Type Name of Company Official

Print or Type Title of Company Official

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525



10/2017

LIMITED LIABILITY COMPANY ANNUAL

SOSID: 1291094
 Date Filed: 4/11/2019 11:59:00 PM
 Elaine F. Marshall
 North Carolina Secretary of State
 CA2014 318 00886

NAME OF LIMITED LIABILITY COMPANY: Will Clark Properties LLC

SECRETARY OF STATE ID NUMBER: 1291094

STATE OF FORMATION: NC

Filing Office Use Only

REPORT FOR THE CALENDAR YEAR: 2019

☒ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: John S. Williford Jr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

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422 Sunset Ave.

P O Box 4538

Rocky Mount, NC 27804 Nash

Rocky Mount, NC 27803

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Real Property

2. PRINCIPAL OFFICE PHONE NUMBER: (252) 442-3115

3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

5. PRINCIPAL OFFICE MAILING ADDRESS

422 Sunset Ave.

PO Box 4538

Rocky Mount, NC 27804 Nash

Rocky Mount, NC 27803



6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

☐

The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Meredith G. Cooper

NAME: _____

NAME: _____

TITLE: Manager

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

233 Kandemor Lane

Rocky Mount, NC 27804

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

SIGNATURE

03/19/19

DATE

Form must be signed by a Company Official listed under Section C of This form.

Meredith G. Cooper

manager

Print or Type Name of Company Official

Print or Type Title of Company Official

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525