

## LIMITED LIABILITY COMPANY ANNUAL REI

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

CA201307305367

AME OF LIMITED LIABILITY COMPANY:	Will Clark Proper	ties LLC	
ECRETARY OF STATE ID NUMBER: 129109	4 ST	ATE OF FORMATION:	Filling Office Use Only
REPORT FOR THE YEAR: 2013			
ECTION A: REGISTERED AGENT'S INFORM	ATION		Changes
1. NAME OF REGISTERED AGENT: John	n S. Williford Jr.		
2. SIGNATURE OF THE NEW REGISTERS	ED AGENT:		
		SIGNATURE CONSTITUTES CONSE	NT TO THE APPOINTMENT
3. REGISTERED OFFICE STREET ADDRE	SS & COUNTY	4. REGISTERED OFFICE	MAILING ADDRESS
422 Sunset Avenue		P O Box 4538	
Rocky Mount, NC 278804 Edgecombe		Rocky Mount, NC 27803	
DESCRIPTION OF NATURE OF BUSIN     PRINCIPAL OFFICE PHONE NUMBER:		3. PRINCIPAL OFFICE E	EMAIL:
2. PRINCIPAL OFFICE PHONE NUMBER: 252-442-3115		3. PRINCIPAL OFFICE	EMAIL:
4. PRINCIPAL OFFICE STREET ADDRESS	& COUNTY	5. PRINCIPAL OFFICE N	1AILING ADDRESS
233 Kandemor Lane		PO Box 12181	
Rocky Mount, NC 27804 Nash		Raleigh, NC 27605	
NAME: Roy A. Cooper, III  TITLE: manager  ADDRESS:	NAME: Pell C. Co	ooper NA TI	Zers in Section E.)  AME:  CLE:  DDRESS:
PO Box 12181	233 Kandemor Lane		
Raleigh, NC 27605	Rocky Mount, NC	2 27804	
SECTION D: CERTIFICATION OF ANNUAL  SIGNATURE  Form must be signed by a Manager/Member listed under	boper	must be completed in its entire $3 - 8 - 2$	by by a person/business entity.  O / S  DATE
Pell C. Cooper		manager	•



## LIMITED LIABILITY COMPANY ANNUAL RE

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

CA2014 048 01191

AME OF LIMITED LIABILITY COMPANY:	WIII CIARK Propert	ies LLC		
ECRETARY OF STATE ID NUMBER: 1291094		TE OF FORMATION: NC	Filing Office Use Only	
EPORT FOR THE YEAR: 2	014	•		
ECTION A: REGISTERED AGENT'S INFO	RMATION	-		
1. NAME OF REGISTERED AGENT:	John S. Williford Jr.			
2. SIGNATURE OF THE NEW REGISTS	ERED AGENT:		Δ.	
		SIGNATURE CONSTITUTES CONSENT T	O THE APPOINTMENT	
3. REGISTERED OFFICE STREET ADD	RESS & COUNTY	4. REGISTERED OFFICE MA	AILING ADDRESS	
422 Sunset Avenue		P O Box 4538		
Rocky Mount, NC 278804 Edgecombe		Rocky Mount, NC 27803		
· ·				
ECTION B: PRINCIPAL OFFICE INFORMA	ATION			
1. DESCRIPTION OF NATURE OF BUS	SINESS: Real Property	•		
2. PRINCIPAL OFFICE PHONE NUMBER: (252) 442-3115		3. PRINCIPAL OFFICE EMA	AIL: Privacy Redaction	
4. PRINCIPAL OFFICE STREET ADDRI	ESS & COUNTY	5. PRINCIPAL OFFICE MAIL	ING ADDRESS	
233 Kandemor Lane		PO Box 12181		
Rocky Mount, NC 27804 Nash		Raleigh, NC 27605		
CTION C: COMPANY OFFICIALS/ORGA	.NIZERS (Enter additions	al Company Officials/Organizers in	Section E.)	
NAME: Roy A Cooper III	NAME: Pell C Coo			
TITLE: Manager	TITLE: Manager	TITLE		
ADDRESS:			RESS:	
PO Box 12181	233 Kandemor Lane		3	
Raleigh, NC 27605	Rocky Mount, NC 27804		_	
		And the second s		
SECTION D: CERTIFICATION OF ANNUA	AL REPORT. Section D	must be completed in its entirety b	by a person/business entity.	
Pell C Coo	per	2-11-	-2014	
SIGNATURE	//		DATE	
Form must be signed by a Company Official/Organiz	zer listed under Section C of this	s form.		
Form must be signed by a Company Official/Organiz	zer listed under Section C of this	s form		

#### 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:

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

OFFICES

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

P.O. Box 4538 Rocky Mount, NC 27803

February 14, 2014

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

#### LIMITED LIABILITY COMPANY ANNUAL REPORT

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

CA2015 091 02967

NAME OF LIMITED	LIABILITY COMPANY: W	LL CLARK PROPER	TIES LLC		
Fictitious Name, If a	ny, used in North Carolina:				Filing Office Use Only
SECRETARY OF	STATE ID NUMBER:	1291094	STATE OF FORMATION: N	IC .	
REPORT FOR TH	HE YEAR: _	2015			Changes
SECTION A: REC	SISTERED AGENT'S INFO	ORMATION		S 4	
1. NAME OF	REGISTERED AGENT: _	JOHN S. WILLIFO	DRD, JR.	,	
2 SIGNATI	IRE OF THE NEW REGIST	TERED AGENT:			
Z. SIGNATO	ME OF THE NEW MEGIO		SNATURE CONSTITUTES CONSENT	TO THE APPOINTMEN	T
3. REGISTE	RED OFFICE STREET AD	DDRESS & COUNTY	4. REGISTERED OFF	FICE MAILING ADDRE	SS
422 S	UNSET AVENUE		PO BOX 4538		
ROCKY NASH		NC 27804	ROCKY MOUNT	NC_	27803
		1	•		
SECTION B: PRI	NCIPAL OFFICE INFORM	MATION			•
4. DESCOR	OTION OF MATURE OF R	USINESS: RENTAL	REAL ESTATE		
i. DESCRI	TION OF NATURE OF B	OSINESS. KENTAL	WHI IOTHIO		
					,
2. PRINCIP	AL OFFICE PHONE NUN	IBER: 252-442-311	5 3. PRINCIPAL OFFICE EMA	IL:	
4 PRINCIP	AL OFFICE STREET ADD	RESS & COUNTY	5. PRINCIPAL OFFICE	E MAILING ADDRESS	;
	UNSET AVENUE		PO BOX 1218		
ROCKY	MOUNT	NC 27804			
NASH	·		RALEIGH	NC	27605
2525011 2 22	HEALDY OFFICIAL 010D0	ANTEROFERE	One and Officials/Organizate in S	Castion E \	
SECTION C: CO	MPANY OFFICIALS/ORG	ANIZERS Enter additional	Company Officials/Organizers in S	secuoii E.)	
TITLE: MEMB	ER/ MANAGER	TITLE:		TITLE:	
ADDR.: 233	KANDEMOR DR	ADDR.:	anniamaers es entremainte esterrainnen festerrangen fest, organiser (	ADDR.:	
ROCKY MO	TNUC				
NC 27804		-			
SECTION D: CE	RTIFICATION OF ANNUA	L REPORT Section D mus	t be completed in its entirety by a	person/business entity	<b>'</b> .
1 6	Pell C. Cu	928	<i>y</i> 3-	24-11	
	SIGN	TURE 1	The second secon	DATE	
Form must be sig	ned by a Company Official/Or	ganizer listed under Section C	of this form.		
1	Pell C.	Cooper	/ //	ember	
<u> </u>	Print or Type Name of Compa	ny Official/Organizer		TITLE	*



## LIMITED LIABILITY COMPANY ANNUAL REPO

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	vviii Clark Propert	les LLC		
SECRETARY OF STATE ID NUMBER: 1291094 STATE OF FORMATION:		ATE OF FORMATION: NC	Filing Office Use Only	
REPORT FOR THE YEAR:	2016			
SECTION A: REGISTERED AGENT'S INI	ORMATION		Changes	
1. NAME OF REGISTERED AGENT:	John S. Williford Jr.	wiwi si ii i i i i i i i i i i i i i i i		
2. SIGNATURE OF THE NEW REGIS	STERED AGENT:			
		SIGNATURE CONSTITUTES CONSENT TO T	HE APPOINTMENT	
3. REGISTERED OFFICE STREET ADDRESS & COUNTY		4. REGISTERED OFFICE MAILING ADDRESS		
422 Sunset Avenue		P O Box 4538		
Rocky Mount, NC 27804, Nash		Rocky Mount, NC 27803		
SECTION B: PRINCIPAL OFFICE INFOR		ty		
2. PRINCIPAL OFFICE PHONE NUMBER: (252) 442-3115		3. PRINCIPAL OFFICE EMAIL:		
4. PRINCIPAL OFFICE STREET ADD	PRESS & COUNTY	5. PRINCIPAL OFFICE MAILING	回候回 G ADDRESS	
422 Sunset Avenue		PO Box 12181		
Rocky Mount, NC 27804, Nash		Raleigh, NC 27605		
SECTION C: <u>COMPANY OFFICIALS</u> (En				
NAME: Pell C Cooper	NAME:	NAME:		
TITLE: Manager	TITLE:	TITLE:	***	
ADDRESS:	ADDRESS: ADDR		\$:	
233 Kandemor Lane				
Rocky Mount, NC 27804			<del></del>	
SECTION D: CERTIFICATION OF AND  SENATURE Form must be signed by a Company Official lister	<b>ال</b> ا	4-12-16	person/business entity.	
		manager		
Pell C. Cooper	ompany Official	manager  Print or Type The Titl	e of the Company Official	

Print or Type Name of Company Official





## LIMITED LIABILITY COMPANY ANNUAL RE

SOSID: 1291094

Date Filed: 3/2/2017 11:59:00 PM Elaine F. Marshall

Elaine F. Marshall North Carolina Secretary of State

CA2017 061 03208

NAME OF LIMITED LIABILITY COMPANY	Will Clark Prop	erties LLC		
SECRETARY OF STATE ID NUMBER: 12	91094	STATE OF FORMATION: NC	Filing Office Use Only	
REPORT FOR THE YEAR:	2017			
SECTION A: REGISTERED AGENT'S INF	ORMATION		Changes	
1. NAME OF REGISTERED AGENT:	John S. Williford Jr.			
2. SIGNATURE OF THE NEW REGIS	TERED AGENT:			
	_	SIGNATURE CONSTITUTES CONSENT TO THE	APPOINTMENT	
3. REGISTERED OFFICE STREET AL	DDRESS & COUNTY	4. REGISTERED OFFICE MAILING	G ADDRESS	
422 Sunset Avenue		P O Box 4538		
Rocky Mount, NC 27804, Nash		Rocky Mount, NC 27803		
SECTION B: <u>PRINCIPAL OFFICE INFORM</u> 1. DESCRIPTION OF NATURE OF B		perty		
2. PRINCIPAL OFFICE PHONE NUM	BER: (252) 442-311	5 3. PRINCIPAL OFFICE EMAIL:	rivacy Redaction	
4. PRINCIPAL OFFICE STREET ADD	RESS & COUNTY	5. PRINCIPAL OFFICE MAILING	回候回 ADDRESS	
422 Sunset Avenue		PO Box 12181		
Rocky Mount, NC 27804 Nash		Raleigh, NC 27605		
SECTION C: COMPANY OFFICIALS (Ente	er additional Company	Officials in Section E.)		
NAME: Pell C Cooper	NAME:	NAME:		
TITLE: Manager	TITLE:	TITLE:		
ADDRESS:	ADDRESS:	ADDRESS:		
233 Kandemor Lane	<del></del>			
Rocky Mount, NC 27804				
SECTION D: CERTIFICATION OF ANN  SIGNATURE  Form must be signed by a Company Official listed	29/	n D must be completed in its entirety by a p $2-28-17$ DA	)	
Pell C. Cooper		manager		
Print or Type Name of Company Official		<del></del>	Print or Type The Title of the Company Official	

#### C201812101952

NAME OF LIMITED LIABILITY COMPANY:

# LIMITED LIABILITY COMPANY ANNUAL R

Will Clark Properties LLC

SOSID: 1291094

Date Filed: 4/12/2018 11:59:00 PM

Elaine F. Marshall

North Carolina Secretary of State

C2018 121 01952

			-10 672
SECRETARY OF STATE ID NUMBER: 12	291094 STAT	E OF FORMATION: NC	Filing Office Use Only
REPORT FOR THE CALENDAR YEAR:	2018		
SECTION A: <u>REGISTERED AGENT'S INF</u>	ORMATION	国分配数 (水流)为	Changes
1NAME OF REGISTERED AGENT:	John S. Williford Jr.	bland ( W. Y.	
2. SIGNATURE OF THE NEW REGIS	TERED AGENT:		
	SI	GNATURE CONSTITUTES CONSENT TO THE A	APPOINTMENT
3. REGISTERĘD OFFICE STREET AL	DDRESS & 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 INFORM  1. DESCRIPTION OF NATURE OF B		у	
2. PRINCIPAL OFFICE PHONE NUM	BER: (252) 442-3115	3. PRINCIPAL OFFICE EMAI	Privacy Redaction
4. PRINCIPAL OFFICE STREET ADD	RESS & COUNTY	5. PRINCIPAL OFFICE MAILING A	DDRESS INC.
422 Sunset Ave.		PO Box 12181	
Rocky Mount, NC 27804 Nash		Raleigh, NC 27605	
The company is a service	an-owned small business ce-disabled veteran-owne	d small business	
SECTION C: COMPANY OFFICIALS (Ente			
NAME: Pell C Cooper	NAME:	NAME:	
TITLE: Manager	TITLE:	TITLE:	
ADDRESS:	ADDRESS:	ADDRESS:	·
233 Kandemor Lane			. ·
Rocky Mount, NC 27804			
SECTION D: CERTIFICATION OF ANN	UAL REPORT. Section D m	nust be completed in its entirety by a pe	rson/business entity.
Pell C. Coo	per	4-2-2018	
SIGNATURE Form must be signed by a Company Official listed		DATE	
Pell C. Cooper		manager	
Print or Type Name	of Company Official	Print or Type Title of	Company Official

NAME OF LIMITED LIABILITY COMPANY:

## 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

Will Clark Properties LLC

SECRETARY OF STATE ID NUMBER: 1	291094 STA	TE OF FORMATION: NC	Filing Office Use Only		
REPORT FOR THE CALENDAR YEAR:	2019				
SECTION A: <u>REGISTERED AGENT'S IN</u>	FORMATION	(100 ± 100	Changes		
1. NAME OF REGISTERED AGENT:	John S. Williford Jr.				
2. SIGNATURE OF THE NEW REGIS	STERED AGENT:	SIGNATURE CONSTITUTES CONSENT TO THE API	POINTMENT		
3. REGISTERED OFFICE STREET A	ADDRESS & COUNTY	4. REGISTERED OFFICE MAILING A	ADDRESS		
422 Sunset Ave.		P O Box 4538			
Rocky Mount, NC 27804 Nash		Rocky Mount, NC 27803			
1. DESCRIPTION OF NATURE OF	BUSINESS: Real Prope				
2. PRINCIPAL OFFICE PHONE NU	MBER: (252) 442-3115	3. PRINCIPAL OFFICE EMAIL:			
4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY		5. PRINCIPAL OFFICE MAILING ADDRESS			
422 Sunset Ave.		PO Box 4538	PO Box 4538		
Rocky Mount, NC 27804 Nash	1	Rocky Mount, NC 27803			
Г——	eran-owned small busine	ss ned small business			
	NAME:	'NAME:			
NAME: Meredith G. Cooper	TITLE:	TITLE:			
TITLE: Manager  ADDRESS:	ADDRESS:	ADDRESS:			
233 Kandemor Lane					
Rocky Mount, NC 27804			<u> </u>		
SECTION D: CERTIFICATION OF AN	INUAL REPORT. Section I	D must be completed in its entirety by a per	son/business entity.		
meredill A	. Coope	03/19/19			
SIGNATI Form must be signed by a Company Official li	JRE ( sted under Section C of This form.	DATE	:		
Meredith G. Cooper		manager	Off -i		
Print or Type Na	me of Company Official	Print or Type Title of 0	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