

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110813

FILED
Jul 15, 2008
Secretary of State

Entity Name: CLINCY ENTERPRISES, LLC

Current Principal Place of Business:

1881 S. KIRKMAN RD
#727
ORLANDO, FL 32811

New Principal Place of Business:

3090 ANQUILLA AVENUE
CLERMONT, FL 34711

Current Mailing Address:

1881 S. KIRKMAN RD
#727
ORLANDO, FL 32811

New Mailing Address:

3090 ANQUILLA AVENUE
CLERMONT, FL 34711

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLINCY, PAMELA M
1881 S. KIRKMAN RD
#727
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

CLINCY, PAMELA M
3090 ANQUILLA AVENUE
#727
CLERMONT, FL 34711 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:

07/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLINCY, PAMELA M
Address: 1881 S. KIRKMAN RD #727
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLINCY, PAMELA M
Address: 3090 ANQUILLA AVENUE
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PAMELA CLINCY

MGR

07/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date