

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90073 005 ****50.00

DOCUMENT # L01000013022

1. Entity Name
ARLINGTON-CLERMONT INVESTMENTS, L.L.C.



Principal Place of Business
**548 US HIGHWAY 27, STE C
CLERMONT, FL 34711**

Mailing Address
**548 US HIGHWAY 27, STE C
CLERMONT, FL 34711**

20034846



2. Principal Place of Business
548 US Hwy 27

3. Mailing Address
548 US Hwy 27

Suite, Apt. #, etc.
SUITE C

Suite, Apt. #, etc.
SUITE C

03042005 Chg-LLC CR2E083 (10/03)

City & State
MINNEOLA, FL

City & State
MINNEOLA, FL

4. FEI Number
59-3731678

Applied For
Not Applicable

Zip
34715

Country
US

Zip
34715

Country
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HESSBURG, DANIEL
548 US HWY 27
SUITE C
CLERMONT, FL 34711
MINNEOLA, FL 34715**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HESSBURG, DANIEL
548 US HWY 27 STE C
CLERMONT, FL 34711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
MINNEOLA, FL 34715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daniel J. Hessburg

4/08/05

352) 394-1894

Date

Daytime Phone #