2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000049957

1. Entity Name
PAUL CLECKNER LLC

Principal Place of Business	Mailing Address
449 BARNES ROAD MONTICELLO, FL 32344 US	449 BARNES ROAD MONTICELLO, FL 32344 US

DO NOT WRITE IN THIS SPACE

03152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-0450753	Not Applicable

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

6. Name and Address of Current Registered Agent

CLECKNER, PAUL
449 BARNES ROAD
MONTICELLO, FL 32344

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CLECKNER, PAUL
STREET ADDRESS	449 BARNES ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/08-80030-022 138.75

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #