

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037776

FILED
Jun 30, 2009
Secretary of State

Entity Name: CLARK FINANCIAL GROUP, LLC

Current Principal Place of Business:

21 NORTH MAGNOLIA AVE
SECOND FL
OCALA, FL 34475

New Principal Place of Business:

5909 SOUTH PINE AVE.
OCALA, FL 34480

Current Mailing Address:

P.O. BOX 190
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-1178506 FEI Number Applied For () FEI Number Not Applicable () 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:

TROW, CHESTER J
21 NORTH MAGNOLIA AVENUE
SECOND FL
OCALA, FL 34475 US

Name and Address of New Registered Agent:

CLARK, DAVID W
1305 E FORT KING ST
100
OCALA, FL 34471 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: DAVID W. CLARK

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLARK, DAVID W
Address: 1305 EAST FORT KING ST - #100
City-St-Zip: OCALA, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CLARK, JASON A
Address: 1305 E FORT KING ST - BLDG 100
City-St-Zip: OCALA, FL 34471

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: DAVID W. CLARK

MGR

06/30/2009

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