

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L04000046429

1. Entity Name

B&L PROPERTIES OF CLERMONT, LLC



Principal Place of Business

2881 NORTH JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

Mailing Address

2881 NORTH JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1272422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLELLAND, ROBERT B
2625 N NARCOOSEEE RD
ST. CLOUD, FL 34771

**DO NOT WRITE
IN THIS SPACE**

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	MGRM
NAME	MCCLELLAND, ROBERT B TRUSTEE
STREET ADDRESS	2625 N NARCOOSEEE RD
CITY-ST-ZIP	ST. CLOUD, FL 34771

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

U00000783016
01/15/08-80097-025 138.75

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

Robert B. McClelland 1-9-08 407-847-6686

Date

Daytime Phone #