

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000056163

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** CLINT CASON SERVICES LLC

**Current Principal Place of Business:**

2304 SW NEWARK DR.  
FORT WHITE, FL 32038

**New Principal Place of Business:**

**Current Mailing Address:**

2304 SW NEWARK DR.  
FORT WHITE, FL 32038

**New Mailing Address:**

**FEI Number:** 26-3279242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASON, JAMES CLINTON  
2304 SW NEWARK DR.  
FORT WHITE, FL 32038 US

**Name and Address of New Registered Agent:**

CASON, CLINT  
2304 SW NEWARK DR.  
FORT WHITE, FL 32038 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: CLINT CASON

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CASON, CLINT  
Address: 2304 SW NEWARK DR.  
City-St-Zip: FORT WHITE, FL 32038

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLINT CASON

MGR

04/29/2005

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