

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091538

Entity Name: CLIFFORD LLC

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3760 N HIGHWAY 19A  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

252 W ARDICE AVE  
SUITE #428  
EUSTIS, FL 32726 US

**Current Mailing Address:**

3760 N HIGHWAY 19A  
MOUNT DORA, FL 32757 US

**New Mailing Address:**

252 W ARDICE AVE  
SUITE #428  
EUSTIS, FL 32726 US

FEI Number: 26-1299914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARADIS, DEBRA  
3760 N HIGHWAY 19A  
MOUNT DORA, FL 32757 US

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

PARADIS, DEBRA  
252 W ARDICE AVE  
SUITE #428  
EUSTIS, FL 32726 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: DEBRA PARADIS

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PARADIS, DEBRA  
Address: 252 W ARDICE AVE, STE #428  
City-St-Zip: EUSTIS, FL 32726

I hereby 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: DEBRA PARADIS

MGRM

04/20/2011

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