# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2007**
**Secretary of State**

DOCUMENT# L04000091859

**Entity Name:** AMBER CLARK AND BRENDA BUTTERWORTH LLC

**Current Principal Place of Business:**

504 1ST AVE. SOUTH
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

504 1ST AVE. SOUTH
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number: 11-3733893** **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:**

CLARK, AMBER
504 1ST AVE. SOUTH
JACKSONVILLE BEACH, FL 32250 US

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

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: CLARK, AMBER
Address: 210 22ND AVE. SOUTH APT #F
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM ( ) Delete
Name: BUTTERWORTH, BRENDA
Address: 182 ISLAND HARBOR CIRCLE
City-St-Zip: PONTE VEDRA, FL 32082

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: CLARK, AMBER
Address: 3867 STATION CT. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

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

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: AMBER CLARK MGRM 05/01/2007

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