

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027782

FILED  
May 25, 2009  
Secretary of State

**Entity Name:** MOSQUITO LAGOON FISH CAMP LLC

**Current Principal Place of Business:**

311 RIVER RD  
OAK HILL, FL 32759

**New Principal Place of Business:**

**Current Mailing Address:**

4518 SAXON DR  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 20-3071669      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:**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CLANCY, ROBERT B  
Address: 4518 SAXON DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR ( ) Delete  
Name: CLANCY, KATHRYN  
Address: 4518 SAXON DR.  
City-St-Zip: NEW SMYRNA, FL 32169

**ADDITIONS/CHANGES:**

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

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: KATHRYN CLANCY

MRS

05/25/2009

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