

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032160

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE MOORINGS OF CLERMONT, LLC

Current Principal Place of Business:

2300 SW COLLEGE ROAD
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2300 SW COLLEGE ROAD
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 20-3092823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVIER, JOHN ESQUIRE
2300 SW COLLEGE ROAD
OCALA, FL 34471 US

Name and Address of New Registered Agent:

BACHRODT, CRAIG
2300 SW COLLEGE ROAD
OCALA, FL 34471 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: CRAIG G. BACHRODT

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRAIG BACHRODT, LLC
Address: 3055 S.W. 53RD STREET
City-St-Zip: OCALA, FL 34474 US

Title: MEMB () Delete
Name: BRYMAR DEVELOPMENT, LLC
Address: 4615 SW 42ND STREET
City-St-Zip: OCALA, FL 34236 US

ADDITIONS/CHANGES:

Title: MGM (X) Change () Addition
Name: CRAIG BACHRODT, LLC
Address: 3055 S.W. 53RD STREET
City-St-Zip: OCALA, FL 34474 US

Title: MEMB (X) Change () Addition
Name: BRYMAR DEVELOPMENT, LLC
Address: 2300 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34471 US

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: CRAIG G. BACHRODT

MGM

04/09/2009

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