2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L05000061701

Entity Name: CLEMMONS-SMITH, LLC

Current Principal Place of Business:

15544 NW 25TH TERRACE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5893
GAINESVILLE, FL 32627

New Mailing Address:

15544 NW 25TH TERRACE
GAINESVILLE, FL 32609

FEI Number: 59-3809928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CLEMMONS, GARY
15544 NW 25TH TERRACE
GAINESVILLE, FL 32609 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: CLEMMONS, GARY
Address: 15544 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: MGRM ( ) Delete
Name: SMITH, THOMAS W
Address: 8000 NE 47TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

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: GARY CLEMMONS MGRM 05/01/2009

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