2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

245.6000

DOCUMENT # L05000075050

1. Entity Name
CLINT WAGONER LLC

FILED
Sep 18, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
10800 APALACHEE PKWY TALLAHASSEE, FL 32311	10800 APALACHEE PKWY TALLAHASSEE, FL 32311

08052008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ 65.00

6. Name and Address of Current Registered Agent

WAGONER, JOHN C III
10800 APALACHEE PKWY
TALLAHASSEE, FL 32311

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John C. Wagoner III 8/5/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000959896
09/18/08-80005-010 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WAGONER, JOHN C III
STREET ADDRESS	10800 APALACHEE PKWY
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 8/5/04 850 524 9469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #