

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # L06000010423

1. Entity Name

ALMA M. MCCLINTOCK, LLC



02-19-2008 90067 001 \*\*\*138.75

02-19-2008 90067 002 \*\*\*\*\*5.00

Principal Place of Business

1313 SOUTH MILITARY TRAIL  
#284  
DEERFIELD BEACH FL 33442

Mailing Address

1313 SOUTH MILITARY TRAIL  
#284  
DEERFIELD BEACH FL 33442



2. Principal Place of Business - No P.O. Box #

196 W. 5TH AVE.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

MOUNT DORA, FL

City & State

Zip

32757

Country

USA

Country

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ENIX & ASSOCIATES, LLC  
367 WEST ALFRED STREET  
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: MCCLINTOCK, ALMA  
STREET ADDRESS: 1313 SOUTH MILITARY TRAIL #284  
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alma M. McClintock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/2008 774.289.5414

Date

Display Pages