

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088308

**FILED**  
**Feb 06, 2009**  
**Secretary of State**

**Entity Name:** CLEMONS OKEECHOBEE, LLC

**Current Principal Place of Business:**

4853 NW 30TH ST  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

4853 NW 30TH ST  
OKEECHOBEE, FL 34972

**New Mailing Address:**

**FEI Number:** 20-8074330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLEMONS, OTIS P  
4853 NW 30TH ST  
OKEECHOBEE, FL 34972 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:** MRGM ( ) Delete  
**Name:** THE OTIS PETE CLEMOS, '06 IRR.TRUST  
**Address:** 4853 NW 30TH ST  
**City-St-Zip:** OKEECHOBEE, FL 34972

**ADDITIONS/CHANGES:**

**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: OTIS P CLEMONS

MRGM

02/06/2009

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