FILED May 07, 2007 8:00 am Secretary of State 04-16-2007 90350 049 ****50.00

2007 LIMITED LIABILITY COMPANY 4

DOCUMENT # L06000093197 1. Entity Name CLERMONT VILLAGE, L.L.C.								
Principal Place of Business Mailing Address				<u> </u>		2000	7038	
548 S. HIGHY Minneola, F	NAY 27, SUITE C Fl 34715	548 S. HIGHWAY 27, SUITE C Minneola, FL 34715				3000	1000	
					 	III 2007 isan 2018 (201 63)	B en ito 1 0185 11701 12020 12171 22	1 03 1 (11 F1 1 1
2. Principal P	3. Mailing Address	ing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02022007	Chg-LLC	CR2E083 (12/06)	
City & Stati	В	City & State			4. FEI Num	557909		oplied For ox Applicable
Zip 	Country	Zip	Coun	ntry	5. Certificat	e of Status Desired	□ \$5.00 Add	
	Registered Agent				7. Name and Address of New Registered Agent			
HESSBUR 548 S. HIG MINNEOL			Street Address	ss (P.O. Box Num	ber is Not Acceptable) 		
	<u>, </u>	_		City			FL Zip Cod	e
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: speed or printed name of registered agent and total applicable (NOTE: Registered Agent signature required when rengistering) DATE								
	Thermal there is have used to reference share	THE STATE OF THE S	: magastare	O AGE LIGHTON NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- CATE	
FI D:	iling Fee is \$50.00 ue by May 1, 2007						e check payable to s Department of Stat	•
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	CHANGES	
TITLE NAME	MGR HESSBURG, DANIEL J	☐ Delete	THU	-			☐ Change	☐ Addition
STREET ADDRESS	548 S. HIGHWAY 27, SUITE C		STRI	EET ADIORESS	Λ			
CITY-ST-ZIP	MINNEOLA, FL 34715		-	-ST-ZIP	,——/\	elole –		THE Addition
HAME		☐ Palata	TITL:		WADE	Boyene	Change	Addition
STREET ADDRESS CITY-ST-ZIP				ST-OP	1845.	407 37	Sur 18 C	
TITLE		- Delate	. 100		111000	-A, re	☐ Change	Addition
NALME		_ •••	NAM	- 1			_ ,	
STREET ADDRESS CITY-S1-ZIP				EET ADORESS -ST-ZIP				
TITLE		☐ Delate	tin	£	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	EET ADDRESS				
CITY-S1-ZIP				-SI-ZIP				
TITLE NAME		☐ Celate	TITE.				☐ Change	☐ Addition
STREET ADDRESS				EET ADORESS				
CITY-S1-ZIP				·SI-ZP				
TITLE NAME		☐ Delete	TITE				Change	Addition
STREET ADDRESS			STRI	EZZANOON TEE				
CITY-ST-ZIP		Little cities and a second second	_!	/-ST-21P	-41-0	N Stades Steel 41		
11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If 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 certify 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. Floride Statutes.								
SIGNATURE: A / DANIER HOSSBULL MCA 4/13/67 352-394-189								
CIGITAL	~!\L_/	<u> </u>						—————— <i>/</i>