

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013708

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: C&L CLARK ENTERPRISES LLC

## Current Principal Place of Business:

4533 W. IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746

## New Principal Place of Business:

## Current Mailing Address:

4533 W. IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746

## New Mailing Address:

FEI Number: 20-8445948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, CAROLE J  
5770 W. IRLO BRONSON MEMORIAL HIGHWAY  
SUITE 173  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

CLARK, CAROLE J  
4533 W IRLO BRONSON MEM HWY  
KISSIMMEE, FL 34746 US

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:

02/25/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CLARK, CAROLE J  
Address: 4533 W. IRLO BRONSON MEMORIAL HIGHWAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM ( ) Delete  
Name: CLARK, LUCY J  
Address: 4533 W. IRLO BRONSON MEMORIAL HIGHWAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM ( ) Delete  
Name: CHOATE, WADE A  
Address: 4533 W. IRLO BRONSON MEMORIAL HIGHWAY  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WADE A CHOATE

MR

02/25/2009

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