2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050688

City-St-Zip:

ROSEDALE, NY 11422 US

Entity Name: MCCLINTOCK & FAM ENTERPRISES, LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ADO STREET ORT, FL 34286 US				
Current Mailing Address:			New Mailing Address:		
PO BOX 8 NORTH P	067 ORT, FL 34290 US		PO BOX 8067 NORTH PORT	, FL 34290 US	
In accordan	: 26-0155661 FEI Number ce with s. 607.193(2)(b), F.S., th I Address of Current Regi	e limited liability compan	•		
2407 VED	OCK-FRASER, SHEILA V ADO STREET ORT, FL 34286 US				
	named entity submits this e	statement for the purp	ose of changing its re	gistered office or registered agent, or both	
SIGNATU	RE:				
Electronic Signature of Registered Agent			Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete MCCLINTOCK-FRASER, SHEI 2407 VEDADO STREET NORTH PORT, FL 34286 US	LA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete KEINO, MCCLINTOCK 1135 MARTIN ROAD STONE MOUNTAIN, GA 3008	3 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGR () Delete MCCLINTOCK, ALVIN 134 -18 234TH STREET		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: SHEILA MCCLINTOCK-FRASER 05/01/2009