

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061218

FILED
Jan 28, 2009
Secretary of State

Entity Name: CLARK GOOD & ZIMMERMANN, LLC

Current Principal Place of Business:

1282 REGENCY PLACE
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

1282 REGENCY PLACE
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 26-1804544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, STEPHEN
13245 LONG PINE TRAIL
CLERMONT, FL 34711 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: MGRM () Delete
Name: ZIMMERMAN, STEPHEN
Address: 13245 LONG PINE TRAIL
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: GOOD, ROBERT
Address: 1282 REGENCY PLACE
City-St-Zip: HEATHROW, FL 32746

Title: MGRM () Delete
Name: CLARK, DOUG
Address: 1004 NANCY CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZIMMERMAN, STEPHEN
Address: 13245 LONG PINE TRAIL
City-St-Zip: CLERMONT, FL 34711

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

Title: MGR (X) Change () Addition
Name: CLARK, DOUG
Address: 1004 NANCY CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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: ROBERT GOOD

MGRM

01/28/2009

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