## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122447

Entity Name: CLINT ROBERTS ENTERPRISE LLC

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

**Current Principal Place of Business: New Principal Place of Business:** 

1414 2ND ST NW 5095 NE HICKORY GROVE RD LIVE OAK, FL 32064 US PINETTA, FL 32350 US

**Current Mailing Address: New Mailing Address:** 

1414 2ND ST NW 5095 NE HICKORY GROVE RD PINETTA, FL 32350 US LIVE OAK, FL 32064 US

FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

**BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD STE 101 TALLAHASSEE, FL 323012960 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

() Delete Title: (X) Change ( ) Addition ROBERTS, CLINTON ROBERTS, CLINTON Name: Name: Address: 5095 NE HICKORY GROVE RD

1414 2ND ST NW Address:

City-St-Zip: LIVE OAK, FL 32064 City-St-Zip: PINETTA, FL 32350

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: CLINTON LEE ROBERTS 09/06/2009