

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048043

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CLEAR COVER L.L.C.

**Current Principal Place of Business:**

133 OAKMONT DR.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

133 OAKMONT DR.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

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

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

KIMBRELL, TERRENCE A  
133 OAKMONT DR.  
CRAWFORDVILLE, FL 32327    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:                      KIMBRELL, TERRENCE A  
Address:                      133 OAKMONT DR.  
City-St-Zip:                      CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

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: TERRENCE A KIMBRELL                      MGRM                      04/30/2009

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