

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053502

FILED
Jun 25, 2009
Secretary of State

Entity Name: CLEM'S CHOICE, LLC

Current Principal Place of Business:

3317 W SAN JUAN ST
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3317 W SAN JUAN ST
TAMPA, FL 33629

New Mailing Address:

FEI Number: 26-2761113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

LINDSAY, CHRISTINE N
3317 W SAN JUAN ST
TAMPA, FL 33629 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:

Title: MGRM () Delete
Name: CHRISTINE & ANDREW LINDSAY
Address: 3317 W SAN JUAN ST
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: MARTHA P LOWE TRUST
Address: P O BOX 1898
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM () Delete
Name: NYCZ, DIANE
Address: 4125 NW 67TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: LOWE, VALERIE
Address: 1215 PRATER LN
City-St-Zip: TOWNVILLE, SC 29689

Title: MGRM () Delete
Name: TILLMAN, KATHRYN
Address: 1215 PRATER LN
City-St-Zip: TOWNVILLE, SC 29689

Title: MGRM () Delete
Name: CLARENCE & ELLEN LOWE
Address: 1918 SW 175TH AVE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: CHRISTINE LINDSAY

MGM

06/25/2009

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