

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097768

FILED  
Feb 28, 2009  
Secretary of State

Entity Name: MCCANTS CLIP APPEAL, LLC

**Current Principal Place of Business:**

5930 WEDGEFIELD DR.  
ZEPHYRHILLS, FL 33541 US

**New Principal Place of Business:**

**Current Mailing Address:**

5930 WEDGEFIELD DR.  
ZEPHYRHILLS, FL 33541 US

**New Mailing Address:**

FEI Number: 26-3552735      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCCANTS, MILBURN M  
5930 WEDGEFIELD DR.  
ZEPHYRHILLS, FL 33541 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: MCCANTS, MILBURN M  
Address: 35247 JANINE DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGRM ( ) Delete  
Name: MCCANTS, KIMBERLY M  
Address: 35247 JANINE DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCCANTS, MILBURN M  
Address: 5930 WEDGEFIELD DR.  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGRM (X) Change ( ) Addition  
Name: MCCANTS, KIMBERLY M  
Address: 5930 WEDGEFIELD DR.  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

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: KIMBERLY M MCCANTS

MGRM

02/28/2009

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