

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102532

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** BRYAN CLONTZ & ASSOCIATES, LLC

**Current Principal Place of Business:**

3713 PINE STREET  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

3713 PINE STREET  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

FEI Number: 26-3646603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CLONTZ, BRYAN K  
3713 PINE ST  
JACKSONVILLE, FL 32205 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: MGR ( ) Delete  
Name: CLONTZ, BRYAN K  
Address: 3713 PINE STREET  
City-St-Zip: JACKSONVILLE, FL 32205 US

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: CLONTZ, BRYAN K  
Address: 3713 PINE STREET  
City-St-Zip: JACKSONVILLE, FL 32205 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: BRYAN CLONTZ

PRES

01/11/2009

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