

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000103

FILED  
Aug 24, 2009  
Secretary of State

Entity Name: CLAWSON ASSOCIATES, LLC

**Current Principal Place of Business:**

26918 HICKORY BLVD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 368435  
BONITA SPRINGS, FL 34136

**New Mailing Address:**

P.O. BOX 540  
PLAINFIELD, IL 60544

FEI Number: 35-1771315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLAWSON, JOHN G  
26918 HICKORY BLVD  
BONITA SPRINGS, FL 34134 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: CLAWSON, SCOTT G  
Address: 176 RAPTOR COURT  
City-St-Zip: FORSYTH, IL 62535

Title: MGRM ( ) Delete  
Name: CLAWSON, CURTIS J  
Address: 15300 CENTENNIAL DRIVE  
City-St-Zip: NORTHVILLE, MI 48168

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: CLAWSON, CRAIG  
Address: 2161 LION CLUB  
City-St-Zip: CLEARWATER, FL 33764

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: JOHN G. CLAWSON

MGM

08/24/2009

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