

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000103

**Entity Name:** CLAWSON ASSOCIATES, LLC

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

26918 HICKORY BLVD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540  
PLAINFIELD, IL 60544

**New Mailing Address:**

**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  
Name: CLAWSON, SCOTT G  
Address: 176 RAPTOR COURT  
City-St-Zip: FORSYTH, IL 62535

Title: MGRM  
Name: CLAWSON, CRAIG  
Address: 2161 LION CLUB  
City-St-Zip: CLEARWATER, FL 33764

I hereby 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

MGRM

01/26/2010

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