


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000001457 1. Entity Name CLEAN PLAY, LLC					
Principal Place of Business 4729 PALM BEACH BLVD., #20 EAST FORT MYERS FL 33905			Mailing Address 4729 PALM BEACH BLVD., #20 EAST FORT MYERS FL 33905		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 84-1635411	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BORGIA, ROSSI E 4729 PALM BEACH BLVD. #20 EAST FORT MYERS FL 33905					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
8. 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. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORGIA, TAMMY S 4729 PALM BEACH BLVD., #20 EAST FORT MYERS FL 33905	<input type="checkbox"/> Delete			
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1st MOORE CR2E083 (10/05)

4. FEI Number **84-1635411**

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 605, Florida Statutes.

SIGNATURE: *Tammy S Borgia* 1-24-06 693-0894 (232)