

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90155 004 ***138.75

DOCUMENT # L06000055412

1. Entity Name
CLEAR VISION CLEANING SERVICE, LLC



Principal Place of Business
1587 COPPERFIELD CIRCLE
TALLAHASSEE, FL 32312

Mailing Address
296 S FERDON VLVD
CRESTVIEW, FL 32536

60019170



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4951679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWERS, DAN
296 S FERDON BLVD
CRESTVIEW, FL 32536

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THOMPSON, JOHN W
~~2930 FOXGROFF DRIVE~~ 1587 Copperfield Cir
TALLAHASSEE, FL 32300 Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THOMPSON, KELLY J
~~2930 FOXGROFF DRIVE~~ 1587 Copperfield Cir
TALLAHASSEE, FL 32300 Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

SIGNATURE:

Daniel A. Bowers

3-18-08

850-682-0791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #