

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90123 042 \*\*\*\*50.00

**DOCUMENT #** L01000021574

1. Entity Name

A CLEAN SWEEP L.L.C.

**DO NOT WRITE IN THIS SPACE**

924107

2. Principal Place of Business <sup>3429 Cozumel</sup>  
Jacksonville Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
3429 Cozumel Ct.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL  
Zip  
32225  
Country  
U.S.A.

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Jacksonville, FL  
Zip  
32225  
Country  
U.S.A.

4. FEI Number  
26-0003632  
Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Eric Kroesen  
Street Address (P.O. Box Number is Not Acceptable)  
3429 Cozumel Ct.  
City  
Jacksonville FL Zip Code  
32225

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.

SIGNATURE Eric Kroesen - Eric Kroesen Feb. 7, 2002  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>MGRM</u>		
	<u>Jeffery Lamontagne</u>		
	<u>831 Bonita Rd.</u>		
	<u>Atlantic Bch., FL</u>	<u>32233</u>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeffery M. Lamontagne JEFFERY M. LAMONTAGNE 7 FEB 02 379-3510  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)