

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000014537

Entity Name: CLEARY SERVICES, LLC

**FILED**  
**Apr 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

3608 W. ROLAND ST.  
TAMPA, FL 33609

**New Principal Place of Business:**

12905 LAZY PINE PLACE  
TAMPA, FL 33624

**Current Mailing Address:**

3608 W. ROLAND ST.  
TAMPA, FL 33609

**New Mailing Address:**

12905 LAZY PINE PLACE  
TAMPA, FL 33624

FEI Number: 59-3710266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CLEARY, WADE  
3608 W. ROLAND ST.  
TAMPA, FL 33609      US

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

CLEARY, WADE  
12905 LAZY PINE PLACE  
TAMPA, FL 33624      US

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: WADE CLEARY

04/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CLEARY, WADE  
Address: 10302 WELBECK CT  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: CLEARY, WADE  
Address: 12905 LAZY PINE PLACE  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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: WADE CLEARY

MGRM

04/09/2006

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