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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014537

1. Entity Name
CLEARY SERVICES, LLC

MJH

Principal Place of Business	Mailing Address
10302 WELBECK COURT TAMPA, FL 33626	10302 WELBECK COURT TAMPA, FL 33626

2. Principal Place of Business	3. Mailing Address
3608 W. ROLAND ST	3608 W. ROLAND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA, FLORIDA (City & State)	TAMPA, FLORIDA (City & State)
33609 (Zip) USA (Country)	33609 (Zip) USA (Country)

4/26 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3710266 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLEARY, WADE 10302 WELBECK COURT TAMPA, FL 33626	Name WADE CLEARY Street Address (P.O. Box Number is Not Acceptable) 3608 W. ROLAND ST. City TAMPA FL Zip Code 33609 -

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEARY, WADE 10302 WELBECK CT TAMPA, FL 33626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900017120919 04/28/03--01014--018 **50.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E053 (10/02)

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: [signature] WADE CLEARY 4/24/03 813-765-5485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #