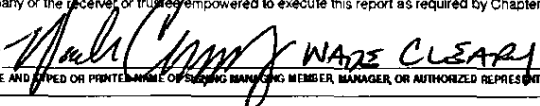


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SECRETARY OF STATE
TALLAHASSEE FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014537			
1. Entity Name CLEARY SERVICES, LLC			
Principal Place of Business 10302 WELBECK COURT TAMPA, FL 33626		Mailing Address 10302 WELBECK COURT TAMPA, FL 33626	
2. Principal Place of Business 3608 W. ROLAND ST Suite, Apt. #, etc. TAMPA, FLORIDA City & State 33609 USA		3. Mailing Address 3608 W. ROLAND ST Suite, Apt. #, etc. TAMPA, FLORIDA City & State 33609 USA	
Zip	Country	Zip	Country
33609	USA	33609	USA
4. FET Number		Applied For	
59-3710266		Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLEARY, WADE 10302 WELBECK COURT TAMPA, FL 33626		7. Name and Address of New Registered Agent 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 date if applicable. (NOTE: Registered Agent's signature required when restoring) DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17, 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 ***00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  WADE CLEARY		Date 4/24/03 813-765-5085	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

MJH

CREDIT (10/02)
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