

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021574

1. Entity Name
A CLEAN SWEEP L.L.C.



Principal Place of Business
3429 COZUMEL CT.
JACKSONVILLE, FL 32225

Mailing Address
3429 COZUMEL CT.
JACKSONVILLE, FL 32225



03252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0003632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROESEN, ERIC
3429 COZUMEL CT.
JACKSONVILLE, FL 32225

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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

Eric Kroesen

Eric Kroesen

4/28/05

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LAMONTAGNE, JEFFERY
3429 COZUMEL CT.
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KROESEN, ERIC
3429 COZUMEL CT
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000356467
05/04/05-80036-014 50.00

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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:

Eric Kroesen

Eric Kroesen ✓ 4/28/05

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

Date

Daytime Phone #