

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90430 012 ****50.00

DOCUMENT # L02000010724

1. Entity Name
OMNI CLEAN LLC



Principal Place of Business
4103A SILVER LAKE DR.
PALATKA, FL 32178

Mailing Address
PO BOX 2031
PALATKA, FL 32178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
71-0868456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAUSSE, LONNIE R
4103A SILVER LAKE DR.
PALATKA, FL 32178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CHILISSE, LONNIE
STREET ADDRESS P.O. BOX 2031
CITY-ST-ZIP PALATKA, F3 2178

TITLE MGRM ☐ Delete
NAME CHALISSE, ESTHER
STREET ADDRESS P.O. BOX 2031
CITY-ST-ZIP PALATKA, F3 2178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME CHAUSSE, Lonnice
STREET ADDRESS P.O. BOX 2031
CITY-ST-ZIP Palatka, FL 32178

TITLE MGRM ☒ Change ☐ Addition
NAME CHAUSSE, ESTHER
STREET ADDRESS P.O. BOX 2031
CITY-ST-ZIP Palatka, FL 32178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lonnie R. Chausse

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

3-8-04

Date

386-325-1594

Daytime Phone #