


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012514 1. Entity Name MINAS SUPER CLEAN, LLC	
--	---

Principal Place of Business 7545 E. TREASURE DR. APT 7G NORTH BAY VILLAGE, FL 33141	Mailing Address 7545 E. TREASURE DR. APT 7G NORTH BAY VILLAGE, FL 33141
---	---



01122005No Chg-LLC

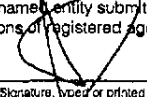
CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0704524	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent DUNKLEY, LINDSAY 7545 E. TREASURE DR. APT 5-F NORTH BAY VILLAGE, FL 33141	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

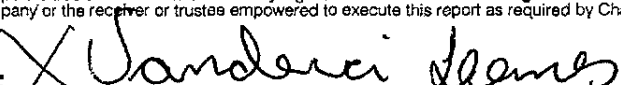
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE <u>1/12/05</u> (NOTE: Registered Agent signature required when reinstating)

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

U000000182284
01/19/05-80022-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEMES, VANDERCI 7545 E. TREASURE DR. APT 5-F NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	DATE <u>1/12/05</u> Daytime Phone #