

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # L03000014948

1. Entity Name

CLEANBLUE CLEANERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1221 BRICKELL AVENUE, SUITE 900

Suite, Apt. #, etc.

3. Mailing Address  
SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State

4. FEI Number  
30-0172525

Applied For  
Not Applicable

Zip  
33131

Country  
USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name  
ROBERT PARK

Street Address (P.O. Box Number is Not Acceptable)  
300 SOUTH POINTE DRIVE

SUITE 3602

City  
MIAMI BEACH

FL Zip Code  
33139

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]*

ROBERT PARK - MGR. MEMBER

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

000000118834  
04/19/04-80075-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
ROBERT PARK  
300 SOUTH POINTE DRIVE #3602  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
DEREK COLANTONIO  
2508 SKYLANE DRIVE  
NAPERVILLE, IL 60564

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

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 603, Florida Statutes.

SIGNATURE:

*[Signature]*

ROBERT PARK - MGR. MEMBER

4/14/04

305-799-0231

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

Date

Daytime Phone #