


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90353 014 \*\*\*\*50.00

DOCUMENT # L03000016360	
1. Entity Name CONSPICUOUSLY CLEAN, L.C.	

Principal Place of Business 11501 SMOKETHORN DRIVE RIVERVIEW, FL 33569	Mailing Address 11501 SMOKETHORN DRIVE RIVERVIEW, FL 33569
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2. Principal Place of Business 11501 SMOKETHORN DRIVE	3. Mailing Address 11501 SMOKETHORN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State RIVERVIEW FLORIDA	City & State RIVERVIEW FL
Zip 33569	Zip 33569
Country USA	Country USA



01282004 Chg-LLC CR2E083 (10/03)

4. FEI Number EIN 27-0056366	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FLAGG, DEBORAH K 11501 SMOKETHORN DRIVE RIVERVIEW, FL 33569	7. Name and Address of New Registered Agent Name DEBORAH K. FLAGG Street Address (P.O. Box Number is Not Acceptable) 11501 SMOKETHORN DRIVE City RIVERVIEW FL Zip Code 33569
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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 <i>DK Flag</i>	DATE 01/29/04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLAGG, DEBORAH K 11501 SMOKETHORN DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>DK Flag</i> DEBORAH K FLAGG	Date 01/29/04	Daytime Phone # 813 3916612
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