

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90019 015 ***138.75

DOCUMENT # L03000055712

1. Entity Name
CLEAR ENERGY, LLC



Principal Place of Business
1500 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE, FL 33304 US

Mailing Address
1500 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE, FL 33304 US

DO NOT WRITE IN THIS SPACE



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
73-1689681

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASTRIANA, F. RONALD
1500 NORTH FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE, FL 33304

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRONTERA, SAM
1500 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CANAN, ROBERTO A
1500 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE, FL 33304

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

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

4-29-08

954-566-1234

F. RONALD MASTRIANA