

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044068

Entity Name: SQUEAKY-CLEAN, LLC

FILED
Feb 20, 2005
Secretary of State

Current Principal Place of Business:

909 EDEN DRIVE
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

909 EDEN DRIVE
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 90-0182950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEMP, DEBBIE
909 EDEN DRIVE
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KEMP, DEBBIE
Address: 909 EDEN DRIVE
City-St-Zip: ST. CLOUD, FL 34771

Title: MGRM () Delete
Name: PEREZ, IVETTE
Address: 909 EDEN DRIVE
City-St-Zip: ST. CLOUD, FL 34771

Title: MGRM () Delete
Name: SCOTT, AMANDA
Address: 4700 SPARROW DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM () Delete
Name: ADLER, KATHLEEN
Address: 4435 WINDWILLOW LANE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEBBIE KEMP

MGRM

02/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date