


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90143 043 \*\*\*\*55.00

<b>DOCUMENT # L04000044068</b> 1. Entity Name <b>SQUEAKY-CLEAN, LLC</b>					
Principal Place of Business <b>909 EDEN DRIVE ST. CLOUD, FL 34771</b>			Mailing Address <b>909 EDEN DRIVE ST. CLOUD, FL 34771</b>		
2. Principal Place of Business <b>Squeaky Clean</b> Suite, Apt. #, etc.		3. Mailing Address <b>909 Eden Dr.</b> Suite, Apt. #, etc.			
City & State <b>St. Cloud, FL</b> Zip <b>34771</b>		City & State <b>St. Cloud, FL</b> Zip <b>34771</b>		4. FEI Number <b>90-0182950</b>	
Country <b>Oscola</b>		Country <b>Oscola</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KEMP, DEBBIE 909 EDEN DRIVE ST. CLOUD, FL 34771</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Debbie Kemp</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7/26/06</u>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEMP, DEBBIE 909 EDEN DRIVE ST. CLOUD, FL 34771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, IVETTE 909 EDEN DRIVE ST. CLOUD, FL 34771	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, AMANDA 4700 SPARROW DRIVE ST. CLOUD, FL 34772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, KATHLEEN 4435 WINDWILLOW LANE CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, KATHLEEN 4435 WINDWILLOW LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, KATHLEEN 4435 WINDWILLOW LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, KATHLEEN 4435 WINDWILLOW LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, KATHLEEN 4435 WINDWILLOW LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete			
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: <u>Debbie Kemp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>7/26/06</u> <small>Daytime Phone #</small>	