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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90097 030 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062349

1. Entity Name
CLEAN-START, LLC

20051971

Principal Place of Business	Mailing Address
1737 PRINCE PHILLIP ST CLEARWATER, FL 33755 US	1737 PRINCE PHILLIP ST CLEARWATER, FL 33755 US

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3751 EXETER CT	3751 EXETER CT
Suite, Apt. #, etc. # 110	Suite, Apt. #, etc. # 110
City & State PALM HARBOR FL	City & State PALM HARBOR, FL
Zip 34685 Country	Zip 34685 Country

4. FEI Number 20-1552259 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL, BRIAN A 1737 PRINCE PHILLIP ST CLEARWATER, FL 33755	Name Alexandro J. Gispert Street Address (P.O. Box Number is Not Acceptable) 3751 Exeter Ct. # 110 City Palm Harbor FL Zip Code 34685

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 ____________ 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIEGEL, BRIAN A 1737 PRINCE PHILLIP ST CLEARWATER, FL 33755 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GISPERT, ALEJANDRO J 3462 KINGS ROAD APT 103 PALM HARBOR, FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3751 EXETER CT #110 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X ____________ 4/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #