

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034593

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

**Entity Name:** CLEAN SWEEP PROPERTY MAINTENANCE, LLC

**Current Principal Place of Business:**

9716 BAY HARBOR CIRCLE #202  
FORT MYERS, FL 33919

**New Principal Place of Business:**

12993 TURTLE COVE TRAIL  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

9716 BAY HARBOR CIRCLE #202  
FORT MYERS, FL 33919

**New Mailing Address:**

12993 TURTLE COVE TRAIL  
NORTH FORT MYERS, FL 33903

**FEI Number:** 41-2172787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORVAZNIK, BRIAN S  
9716 BAY HARBOR CIRCLE #202  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

PORVAZNIK, BRIAN S  
12993 TURTLE COVE TRAIL  
NORTH FORT MYERS, FL 33903 US

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: \_\_\_\_\_

04/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PORVAZNIK, BRIAN S  
Address: 9716 BAY HARBOR CIRCLE #202  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PORVAZNIK, BRIAN S  
Address: 12993 TURTLE COVE TRAIL  
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRIAN S. PORVAZNIK

PRES

04/17/2008

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