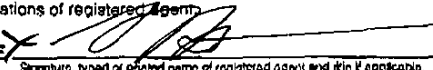
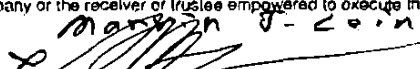


W05000045063

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 16 PM 4:36

DOCUMENT # L05000045063						07 JUL 16 PM 4: 36																										
1. Entity Name CLEAN SEAL BUILDING MAINTENANCE, LLC																																
Principal Place of Business 4524 CURRY FORD ROAD, SUITE 264 ORLANDO, FL 32812			Mailing Address 4524 CURRY FORD ROAD, SUITE 264 ORLANDO, FL 32812																													
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																													
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06282007 REIN-LLC CR2E101 (1/07)																										
City & State			City & State			4. FEI Number 010236018																										
Zip		Country	Zip		Country	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																											
LEININGER, MARVIN J 4524 CURRY ROAD, SUITE 264 ORLANDO, FL 32812					Name																											
					Street Address (P.O. Box Number is Not Acceptable)																											
					City FL Zip Code																											
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 					7-6-07																											
Signature, typed or printed name of registered agent and title if applicable.					(NOTE: Registered Agent signature required when reinstating) DATE																											
FILE NOW!!! FEE IS \$100.00			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS					10. ADDITIONS/CHANGES																											
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>					TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>Marvin J Leinger</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4524 Curry Ford Road Suite 264</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>Orlando, FL 32812</td><td></td></tr></table>				TITLE		☐ Change ☐ Addition	NAME	Marvin J Leinger		STREET ADDRESS	4524 Curry Ford Road Suite 264		CITY - ST - ZIP	Orlando, FL 32812	
TITLE		☐ Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		☐ Change ☐ Addition																														
NAME	Marvin J Leinger																															
STREET ADDRESS	4524 Curry Ford Road Suite 264																															
CITY - ST - ZIP	Orlando, FL 32812																															
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>					TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>				TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		☐ Change ☐ Addition																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>					TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>				TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		☐ Change ☐ Addition																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>					TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>				TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		☐ Change ☐ Addition																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>					TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>				TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		☐ Change ☐ Addition																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>					TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>				TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
TITLE		☐ Change ☐ Addition																														
NAME																																
STREET ADDRESS																																
CITY - ST - ZIP																																
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 606, Florida Statutes.																																
SIGNATURE: 					7-6-07																											
Signature and typed or printed name of signing managing member, manager, or authorized representative					Date																											