

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045274

Entity Name: HYDRAKLEEN LLC

FILED
Aug 24, 2007
Secretary of State

Current Principal Place of Business:

109 SOUTH AVENUE
FT. WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

109 SOUTH AVENUE
FT. WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 20-2826160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTIN, WYNN
109 S AVENUE
FT. WALTON BEACH, FL 32547 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALLIN, SHAWN
Address: 5 BEDFORD PLACE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: MGRM () Delete
Name: MARTIN, WYNN
Address: 1681 19TH STREET
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM () Delete
Name: MARTIN, JEFFERY
Address: 311 21ST STREET
City-St-Zip: NICEVILLE, US 32578 US

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:

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: SHAWN MALLIN

MGRM

08/24/2007

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