2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Worden M Crum Woodrow M Crumm
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 31, 2006 8:00 am Secretary of State 01-31-2006 90025 039 ****50.00

148/06 581-254-0247

DOCUMENT # L05000052505 1. Entity Name ALL CLEAR GUTTER CLEANING, LLC					01-31-2006 90025 039 ****50.00				
Principal Plac	e of Business		1						
13309 56TH PLACE NORTH WEST PALM BEACH, FL 33411		Mailing Address 13309 56TH PLACE NORTH WEST PALM BEACH, FL 33411							
2. Principal Place of Business		3. Mailing Address					edia: 1 11111 11111 11111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262006	Chg-LLC	CR2E083 (1	1/05)		
City & State		City & State		4. FEI Numb	1048208			olied For Applicable	
Zip	Country	Zip	Zip Countr			of Status Desired		00 Addi Required	tional
	6. Name and Address of Current 9	Registered Agent	L		7. Name and	Address of New Re	·		
				Name			•		
1850 FOR	DNALD K ESQ EST HILL BLVD STE 101			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
WESTPAI	LM BEACH, FL 33406								
				City	•		FL ²	ip Code	 I
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									
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, 2006					Make check payable to Fiorida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUMM, WOODROW 13309 56TH PLACE NORTH WEST PALM BEACH, FL 33411	☐ Delete		ł ·			<u> </u>	Change	Addition
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME Street address City-St-Zip				E Et address -st-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i		-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		Į.				Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE					Change	☐ Addition
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete		E Et address				Change	☐ Addition
CITY-ST-ZIP				-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 608, Florida Statutes.									