


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 23 AM 8:26

DOCUMENT # L05000055085 1. Entity Name COMMERCIAL CLEARING CONSULTANTS, LLC					
Principal Place of Business 10131 LIPSON DRIVE JACKSONVILLE, FL 32257			Mailing Address 10131 LIPSON DRIVE JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1488955	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YBANEZ, SCOTT A SR. 10131 LIPSON DRIVE JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YBANEZ, SCOTT A SR. 10131 LIPSON DRIVE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500131633525 06/24/08--01042--002 **138.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YBANEZ, EILEEN C 10131 LIPSON DRIVE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	06/24/08--01042--002 **138.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YBANEZ, EILEEN C 10131 LIPSON DRIVE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	06/24/08--01042--002 **138.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YBANEZ, EILEEN C 10131 LIPSON DRIVE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	06/24/08--01042--002 **138.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YBANEZ, EILEEN C 10131 LIPSON DRIVE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	06/24/08--01042--002 **138.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YBANEZ, EILEEN C 10131 LIPSON DRIVE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	06/24/08--01042--002 **138.75	
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.					
SIGNATURE: _____ 6/17/08					