

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90022 033 \*\*\*\*50.00

<b>DOCUMENT # L05000109479</b> 1. Entity Name <b>CLEAN SPACE OF NORTH FLORIDA LLC</b>					
Principal Place of Business <b>6357 JACK WRIGHT ISLAND RD ST. AUGUSTINE FL 32092 US</b>			Mailing Address <b>6357 JACK WRIGHT ISLAND RD ST. AUGUSTINE FL 32092 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number <b>20-3770607</b>	
<b>MINOR, ROBERT E 6357 JACK WRIGHT ISLAND RD. ST. AUGUSTINE FL 32092</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 <u><i>ME</i></u> (NOTE: Registered Agent signature required when transferring) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT ROBERT EDWARD MINOR 6357 JACK WRIGHT IS Rd. ST. AUGUSTINE FL 32092</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>ME</i></u> <b>ROBERT E MINOR</b> <b>4-17-06</b> <b>904 529 7171</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					