

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000112027

Entity Name: MARINE CLEAN LLC

FILED
Feb 19, 2007
Secretary of State

Current Principal Place of Business:

835 W. ELKCAM CIRCLE
207
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

5812 INVERNESS CIRCLE
N. FORT MYERS, FL 33903 US

Current Mailing Address:

835 W. ELKCAM CIRCLE
207
MARCO ISLAND, FL 34145 US

New Mailing Address:

5812 INVERNESS CIRCLE
N. FORT MYERS, FL 33903 US

FEI Number: 14-1941911 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:

HALL, JASON M MR.
835 W. ELKCAM CIRCLE
#207
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

HALL, JASON M MR.
5812 INVERNESS CIRCLE
N. FORT MYERS, FL 33903 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: JASON HALL

02/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: HALL, JASON M MR.
Address: 835 W. ELKCAM CIRCLE #207
City-St-Zip: MARCO ISLAND, FL 34145 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: HALL, JASON M MR.
Address: 5812 INVERNESS CIRCLE
City-St-Zip: N. FORT MYERS, FL 33903 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON HALL

CEO

02/19/2007

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