2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90100 040 ***138.75

DOCUMENT # L06000036355

1. Entity Name
BRIGHT & CLEAN LLC

Principal Place of Business	Mailing Address
3465 FOREST RIDGE LANE KISSIMMEE FL 34741	3465 FOREST RIDGE LANE KISSIMMEE FL 34741

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3512 Bent Wood DR	3512 Bent Wood DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FloridA	City & State: Kissimmee FL
Zip: 34741 Country: US	Zip: 34741 Country: US

4. FEI Number: 20-4650477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, BARBARA A
3465 FOREST RIGDGE LANE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name: Barbara A Chapman
Street Address (P.O. Box Number is Not Acceptable): 3512 Bent Wood DR
City: Kissimmee FL Zip Code: 34741

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 obligation of registered agent.

SIGNATURE: Barbara A Chapman   1/30/08
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPMAN, BARBARA A 3465 FOREST RIDGE LANE KISSIMMEE FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3512 Bent Wood DR Kissimmee FL 34741	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Barbara A Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #