

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 041 ****50.00

DOCUMENT # L06000044663					
1. Entity Name CLEAN & FIX, LLC					
Principal Place of Business 512 MAIN STREET DESTIN, FL 32541.			Mailing Address 512 MAIN STREET DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # <input type="checkbox"/>		3. Mailing Address <input type="checkbox"/>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4782774	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, STEVE B 512 MAIN STREET DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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				DATE 9-7-07	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE MGR	<input type="checkbox"/> Delete				
NAME JONES, STEVE B					
STREET ADDRESS 512 MAIN STREET					
CITY - ST - ZIP DESTIN, FL 32541					
TITLE MGR	<input type="checkbox"/> Delete				
NAME TANNER, LYNDIA M					
STREET ADDRESS 512 MAIN STREET					
CITY - ST - ZIP DESTIN, FL 32541					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY - ST - ZIP 					
10. ADDITIONS / CHANGES					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY - 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.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE 9-7-07 DAYTIME PHONE # 850-2690517	