


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000051073</b> 1. Entity Name <b>COMCLEAN LLC</b>	
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Principal Place of Business <b>714 ARLENE DR. DELTONA, FL 32725 US</b>	Mailing Address <b>714 ARLENE DR. DELTONA, FL 32725 US</b>
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**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**



08092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>01-0867760</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MUHAMMAD, SALIM A 714 ARLENE DR. DELTONA, FL 32725</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**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.

U00000958917  
09/03/08-80009-004 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUHAMMAD, SALIM A 714 ARLENE DR. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARNOLD, KIM 714 ARLENE DR. DELTONA, FL 32725
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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 606, Florida Statutes.

<b>SIGNATURE:</b> <u>Kim Arnold</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>8-13-08</u> <small>Date</small>	 <small>Daytime Phone #</small>
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