

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052190

Entity Name: CLEANER CONCEPTS, LLC

FILED  
May 12, 2009  
Secretary of State

**Current Principal Place of Business:**

620 BOARS HEAD DRIVE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

620 BOARS HEAD DRIVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 74-3179308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

BARBOUR, STACY M  
620 BOARS HEAD DRIVE  
PORT ORANGE, FL 32127      US

**Name and Address of New Registered Agent:**

KELLY, STACY M  
620 BOARS HEAD DRIVE  
PORT ORANGE, FL 32127      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: STACY KELLY

05/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BARBOUR, STACY M  
Address: 620 BOARS HEAD DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: KELLY, STACY M  
Address: 620 BOARS HEAD DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify 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: KELLY STACY

MGR

05/12/2009

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