## L06000055412

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



200110909312

10/24/07--01020--010 \*\*25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
A7 OCT 21 AM 11: 32

T Hamston ACT 25 2007



RECEIVED

07 OCT 24 AM 7:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 16, 2007

DAN DBOWERS 296 S FERSON BLVD CRESTVIEW, FL 32536

SUBJECT: CLEAR VISION CLEANING SERVICE, LLC

Ref. Number: L06000055412

We have received your document for CLEAR VISION CLEANING SERVICE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 207A00060844

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	Clear Vision Cleaning Service LLC
2. The mailing address of the limited liability comp	pany is: 296 Sterdon Blug.
	Crestulew FL32536
5 30 0 6 3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	1050M
296 SFE Florida street address (I Crestvicu)	SECRETARY OF STATE  MOUNT STATE  MON BIND  P.O. Box NOT acceptable)  FL 32531  te and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the cof the members of the limited liability company or the operating agreement of the limited liability of the operating agreement of the limited liability of signature of a member or authorized representative of a phomber)  (Signature of a member or authorized representative of a phomber)  (Printed or typed mane of signee)	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

· ·
1. The name of the limited liability company is: Clear Vision Cleaning Service
2. The mailing address of the limited liability company is: 296 S Ferdon Blvd
Crestuien FL32536
S130106 L060000SS412
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State:
2920 Former Name
Address
Tullahasse FL32536
6. The name and address of the new registered agent and/or office:  Dan Bowers  22 PETER  23 PETER  24 PETER  25 PETER  26 PETER  26 PETER  26 PETER  27 PETER  28 PETER  29 PETER  20 PET
Dan Bowers 22 PET
Name 1 2 1 / Roc
Florida street address (P.O. Box NOT acceptable)  Okachua 1 20531
Florida street address (P.O. Box NOT acceptable)
CYESTVICW FL 32308
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company  (Signature of a member or authorized/representative of a number)
(Printed or typed thanks of signes)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office agency confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Florida.
1. The name of the limited liability company is: Clear Vision Cleaning Service L
2. The mailing address of the limited liability company is: 296 S Ferdon Blud.
Crestulew FL32536
S130106L060000SS41Z
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
John Thompson
2930 FoxCroft Dru
Talahasse FL 32536 2 PR City, State and Zip
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:  Dan Bowers  201 Ci Name In Divi
296 SFerdon Blud 8 9
Florida street address (P.O. Box NOT acceptable)
Crestura FL 32536
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a fighther)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office againsts, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00