## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000062339

Name:

Address:

City-St-Zip:

SEFCIK, BRIAN S

BRANDON, FL 33511

708 LITHIA PINECREST ROAD, SUITE 103

Entity Name: CLENZOIL WORLDWIDE LLC

FILED Jul 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 708 LITHIA PINECREST ROAD, SUITE 103 BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** P.O. BOX 649 BRANDON, FL 335090649 FEI Number: 20-5079802 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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: Name and Address of New Registered Agent: SEFCIK, BRIAN S 708 LITHIA PINECREST ROAD, SUITE 103 BRANDON, FL 33511 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BUCK, DEBRA L Name: Name: Address: 5313 LENOIR COURT Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: SEFCIK, SHARON M Name: Address: 708 LITHIA PINECREST ROAD, SUITE 103 Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BUCK, THOMAS L Name: Name: 5313 LENOIR COURT Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON SEFCIK MGRM 07/17/2007