2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

				_,	1 Secretary or State			
DOCUMENT # L06000097023 1. Entity Name CLEAN SWEEP, LLC					04-18-2007 90033 018 ****55.00			
Principal Place	e of Business	Mailing Address				*		
610 NW 39TH DRIVE GAINESVILLE, FL 32607		610 NW 39TH DRIVE Gainesville, FL 32607			 			
						<u>ien 11:14 (1</u>): (114) (111) (111)		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 2552			i edijir atili arihi rein di			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State Gainesville, Fla		a 4. FEI Numb 56-2	er 616957	J	oplied For of Applicable	
Zip	Country	^{Zip} 32602	Country	5. Certificate	of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New	Registered Agent		
			Name					
COLEMAN, AVALON 610 NW 39TH DRIVE GAINESVILLE, FL 32607			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
CAMILOAN	LLL, 1 L 32007						i	
			City	FL Zip Code				
	named entity submits this statement for one of registered agent.	the purpose of changing its	registered office or regis	tered agent, or bo	th, in the State of F	ilorida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requi	red when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
9.	MANAGING MEMBE	L RS/MANAGERS	10.		ADDITIONS	S/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		7.001110110	☐ Change	Addition	
NAME	Amalan Coloman		NAME					
STREET ADDRESS	610 NW 20th Dr	ivo	STREET ADDRESS					
CITY-ST-ZIP	610 NW 39th Dr. Gainesville, F.	32607	CITY-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	Davonda Brown		NAME			•		
STREET ADDRESS	1015 NE 24th S	Street address						
CITY-ST-ZIP	Gainesville, F	1. 32641	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				l	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			Change	Addition	
NAME		CT Delete	NAME			□ overige		
STREET ADDRESS			STREET ADDRESS					
STREET ADDRESS J							1	
CITY-ST-ZIP			CITY-ST-ZIP				_	
_		Defete	CITY-ST-ZIP			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ Defete	TITLE NAME			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	 	☐ Defete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with		TITLE 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 interesting this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE

4/16/07 1(352

1(352)328-5495

Date Daytime Phone #