2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 07, 2007 8:00 am
Secretary of State

04-16-2007 90341 038 ****50.00

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1. Entity Name
TRUST CLEAN LLC

30006988

Principal Place of Business	Mailing Address
5609 SE HORSESHOE PT RD STUART, FL 34997	5609 SE HORSESHOE PT RD STUART, FL 34997
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03312007 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0876764 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MALO, XIMENA
5609 SE HORSESHOE PT RD
STUART, FL 34997

7. Name and Address of New Registered Agent

Name: MALO, LEONARD
Street Address (P.O. Box Number is Not Acceptable): 5609 S.E. HORSESHOE PT RD
City: STUART FL FL Zip Code 34997

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MALO, XIMENA 5609 SE HORSESHOE PT RD STUART, FL 34997 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MALO, LEONARD 5609 SE HORSESHOE PT RD STUART, FL 34997 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

LEONARD MALO