

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107165

FILED  
Feb 08, 2008  
Secretary of State

Entity Name: COMPLETE CLEAN SERVICES, LLC

**Current Principal Place of Business:**

4351 SUGARBERRY LANE  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

4351 SUGARBERRY LANE  
TITUSVILLE, FL 32796

**New Mailing Address:**

FEI Number: 43-2115901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HILDERBRAND, CHRIS L  
4351 SUGARBERRY LANE  
TITUSVILLE, FL 32796 US

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

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:**

Title: MGR ( ) Delete  
Name: HILDERBRAND, CHRIS L  
Address: 4351 SUGARBERRY LANE  
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR ( ) Delete  
Name: HILDERBRAND, KIM R  
Address: 4351 SUGARBERRY LANE  
City-St-Zip: TITUSVILLE, FL 32796

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR. ( ) Change (X) Addition  
Name: RICKSECKER, RICHARD P  
Address: 2210 TALMADGE DR  
City-St-Zip: TITUSVILLE, FL 32780

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: CHRIS HILDERBRAND

MGR

02/08/2008

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