

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118367

Entity Name: KLEEN LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

7765 SW 86TH STREET
408
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7765 SW 86TH STREET
408
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 20-8110847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUES, CHRISTIELLEN
7765 SW 86TH STREET
408
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

ALMEIDA, CHRISTIELLEN R
7765 SW 86TH STREET
408
MIAMI, FL 33143 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: CHRISTIELLEN ALMEIDA

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: RODRIGUES, CHRISTIELLEN
Address: 7765 SW 86TH STREET # 408
City-St-Zip: MIAMI, FL 33143 US

Title: CFO () Delete
Name: ALMEIDA, JOEL
Address: 7765 SW 86TH STREET # 408
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ALMEIDA, CHRISTIELLEN R
Address: 7765 SW 86TH STREET # 408
City-St-Zip: MIAMI, FL 33143 US

Title: CFO (X) Change () Addition
Name: ALMEIDA, JOEL F
Address: 7765 SW 86TH STREET # 408
City-St-Zip: MIAMI, FL 33143 US

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: JOEL F ALMEIDA

CFO

01/11/2008

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