

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016767

FILED
May 17, 2008
Secretary of State

Entity Name: CLEAR CHOICE ENGINEERING GROUP LLC

Current Principal Place of Business:

22845 PORT ROYAL LN
CUDJOE KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

22845 PORT ROYAL LN
CUDJOE KEY, FL 33042

New Mailing Address:

FEI Number: 20-8452131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FLOYD, MARC D
22845 PORT ROYAL LN
CUDJOE KEY, FL 33042 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:

Title: MGRM () Delete
Name: LASSITER, JOSEPH D
Address: 22845 PORT ROYAL LN
City-St-Zip: CUDJOE KEY, FL 33042

Title: MGRM () Delete
Name: FLOYD, MARC D
Address: 22845 PORT ROYAL LN
City-St-Zip: CUDJOE KEY, FL 33042

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARLSON, ERICA M
Address: 11203 CROSSLAND DR
City-St-Zip: AUSTIN, TX 78726 US

Title: MGRM (X) Change () Addition
Name: FLOYD, MARC D
Address: 22845 PORT ROYAL LN
City-St-Zip: CUDJOE KEY, FL 33042 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: ERICA CARLSON

MGRM

05/17/2008

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