
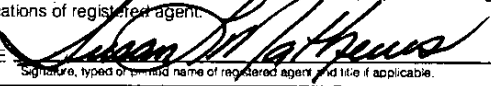
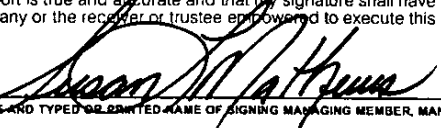


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90172 025 ***138.75

DOCUMENT # L07000030986					
1. Entity Name CLEAR INTENTIONS LLC					
Principal Place of Business 3085 DOXBERRY CT. CLEARWATER, FL 33761			Mailing Address 3085 DOXBERRY CT. CLEARWATER, FL 33761		
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	4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-8715973</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MATHEWS, SUSAN 3085 DOXBERRY CT. CLEARWATER, FL 33761				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <div style="font-size: 1.5em; font-weight: bold;">3-24-08</div> <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, SUSAN 3085 DOXBERRY CT. CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="font-size: 1.5em; font-weight: bold;">3-24-08</div> <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <div style="font-size: 1.2em; font-weight: bold;">727-785-9098</div> <small>Daytime Phone #</small> </div> </div>		

60017852



03242008 Chg-LLC CR2E083 (12/06)

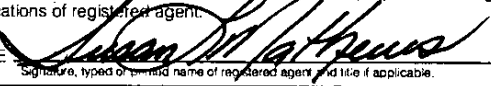
4. FEI Number

20-8715973

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

3-24-08

DATE

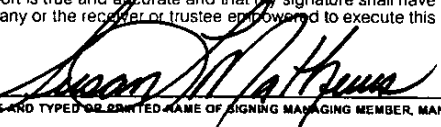
(NOTE: Registered Agent signature required when reinstating)

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After May 1, 2008 Fee will be \$538.75

Make check payable to
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-24-08

Date

727-785-9098

Daytime Phone #