



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90132 012 \*\*\*138.75

<b>DOCUMENT # L07000052911</b> 1. Entity Name <b>WEE KLEEN LLC</b>					
Principal Place of Business <b>2739 SYDELLE STREET</b> <b>SARASOTA, FL 34237 US</b>			Mailing Address <b>2739 SYDELLE STREET</b> <b>SARASOTA, FL 34237 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2739 Sydellest</b>		3. Mailing Address <b>2739 Sydellest</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02182008 Chg-LLC CR2E083 (12/06)	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		4. FEI Number <b>26-0691522</b>	
Zip <b>34237</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34237</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SEAY, DAVID M</b> <b>2739 SYDELLE STREET</b> <b>SARASOTA, FL 34237</b>				7. Name and Address of New Registered Agent <del>Name</del> <del>Street Address (P.O. Box Number is Not Acceptable)</del> <del>City</del> <del>FL</del> <del>Zip Code</del>	
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 <u><i>David Seay</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/23/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CARROLL, SHARON M <input type="checkbox"/> Delete 2739 SYDELLE STREET SARASOTA, FL 34237			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEAY, DAVID M <input type="checkbox"/> Delete 2739 SYDELLE STREET SARASOTA, FL 34237			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"/> 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"/> 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"/> 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"/> Delete			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: <u><i>David Seay</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>2/23/08</u> Daytime Phone # <u>9419521703</u>	