2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074136

Entity Name: CLEARESO, LLC

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20 WEST HARBOUR ISLE DRIVE 3495 B SOUTH US HWY 1 FT. PIERCE, FL 34949 FT. PIERCE, FL 34982 **Current Mailing Address: New Mailing Address:** 20 WEST HARBOUR ISLE DRIVE 3495 B SOUTH US HWY 1 FT. PIERCE, FL 34949 FT. PIERCE, FL 34982 FEI Number: 32-0209657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BECTON, RONALD A DIBARTOLOMEO, GERALD A CPA 6002 NETTLE PATH DRIVE 2222 COLONIAL ROAD FORT PIERCE, FL 34951 US SUITE 200 FORT PIERCE, FL 34950 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: GERALD A. DIBARTOLOMEO 01/24/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete () Change (X) Addition ARBOGAST, STEPHEN C Name: Name: Address: Address: 10690 SW EAST PARK AVE. City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34987 US Title: Title: () Change (X) Addition () Delete APPLIED ENVIRO SERVI, CES, LLC Name: Name: Address: Address: 6002 NETTLE PATH DRIVE City-St-Zip: City-St-Zip: FORT PIERCE, FL 34951 US Title: () Delete Title: MGM () Change (X) Addition AVTEN, LLC, Name: Name: Address: Address: 2222 COLONIAL ROAD, SUITE 200 City-St-Zip: City-St-Zip: FORT PIERCE, FL 34950 US Title: () Delete Title: MGM () Change (X) Addition ENIROSAFE PESTICIDE, ALTERNATIVES, I NC. Name: Name: 700 SOUTH ILAKEE AVENUE Address: Address: City-St-Zip: City-St-Zip: LAKE ALFRED, FL 33850 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.

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

26 GANT QUARTERS TERRACE

MARIETTA, GA 30068 US

JONES, BRUCE

SIGNATURE: STEPHEN C. ARBOGAST MGM 01/24/2008