

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080480

FILED
Jul 23, 2009
Secretary of State

Entity Name: CRYSTAL CLEAR MGT L.L.C.

Current Principal Place of Business:

1076 BUSINESS LANE
SUITE 4
NAPLES, FL 34110 US

New Principal Place of Business:

1035 COLLIER CENTER WAY
SUITE 6
NAPLES, FL 34110 US

Current Mailing Address:

1076 BUSINESS LANE
SUITE 4
NAPLES, FL 34110 US

New Mailing Address:

1035 COLLIER CENTER WAY
SUITE 6
NAPLES, FL 34110 US

FEI Number: 26-0679040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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: LOCADIA, CHRIS
Address: 2020 47 AVE. N.E.
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM () Delete
Name: MAGGLIOZZI, RICHARD
Address: 664 102 ND AVE NORTH
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICH MAGLIOZZI

MGRM

07/23/2009

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