2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106381

Entity Name: REDI-KLEEN SOLUTIONS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5317 FRUITVILLE RD - # 163 SARASOTA, FL 34232	940 CATTLEMEN RD. SARASOTA, FL 34232

Current Mailing Address:	**New Mailing Address:**
5317 FRUITVILLE RD - # 163 SARASOTA, FL 34232	

FEI Number: 51-0652288   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
YODER, KENNETH 5622 ANTOINETTE ST SARASOTA, FL 34232 US	YODER, KENNETH 940 CATTLEMEN RD. SARASOTA, FL 34232 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: KENNETH YODER   04/13/2009
            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	YODER, KENNETH	Name:	
Address:	5317 FRUITVILLE RD - # 163	Address:	
City-St-Zip:	SARASOTA, FL 34232	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	YODER, LYDIA	Name:	
Address:	5317 FRUITVILLE RD - # 163	Address:	
City-St-Zip:	SARASOTA, FL 34232	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	YODER, GLENN	Name:	
Address:	6140 N 625 W	Address:	
City-St-Zip:	WARSAW, IN 46582	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: KENNETH YODER   MGRM   04/13/2009
            Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date