

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001815

Entity Name: CLEAR FINANCIAL, LLC

FILED  
Jul 13, 2009  
Secretary of State

**Current Principal Place of Business:**

2046 SHADOW LN  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4580  
CLEARWATER, FL 33758 US

**New Mailing Address:**

FEI Number: 26-1694323      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:**

**Name and Address of New Registered Agent:**

REPAK, EDIT  
2046 SHADOW LN  
CLEARWATER, FL 33763 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REPAK, EDIT  
Address: 300 S. DUNCAN AVE #189  
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM ( ) Delete  
Name: REPAK, PETER  
Address: 2046 SHADOW LN  
City-St-Zip: CLEARWATER, FL 33763 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REPAK, EDIT  
Address: 2046 SHADOW LN  
City-St-Zip: CLEARWATER, FL 33763 US

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: EDIT REPAK

MGRM

07/13/2009

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