

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090129

**FILED**  
**Mar 09, 2009**  
**Secretary of State**

**Entity Name:** KEEP IT CLEAN PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

365 N.W. HOGAN ST.  
PORT ST.LUCIE, FL 34983

**New Principal Place of Business:**

5255 N.W. EAST PIPER CIRCLE  
PORT ST.LUCIE, FL 34986

**Current Mailing Address:**

365 N.W. HOGAN ST.  
PORT ST.LUCIE, FL 34983

**New Mailing Address:**

5255 N.W. EAST PIPER CIRCLE  
PORT ST.LUCIE, FL 34986

**FEI Number:** 26-3422501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, RUBEN J  
365 N.W. HOGAN ST.  
PORT ST.LUCIE, FL 34983 US

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

MARTINEZ, RUBEN J  
5255 N.W. EAST PIPER CIRCLE  
PORT ST.LUCIE, FL 34986 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: RUBEN MARTINEZ

03/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINEZ, RUBEN J  
Address: 365 N.W. HOGAN ST.  
City-St-Zip: PORT ST.LUCIE, FL 34983

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ, RUBEN J  
Address: 5255 N.W. EAST PIPER CIRCLE  
City-St-Zip: PORT ST.LUCIE, FL 34986

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: RUBEN MARTINEZ

MGRM

03/09/2009

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