

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

|                                                 |  |                                                                                   |
|-------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L10000075469                         |  |  |
| 1. Entity Name<br>ROSA A. TRETO CLEAN SENSE LLC |  |                                                                                   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUN 14 PM 4:18

|                                                                   |                                                       |
|-------------------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business<br>1846 SUMAC CT<br>TRINITY, FL 34655 | Mailing Address<br>1846 SUMAC CT<br>TRINITY, FL 34655 |
|-------------------------------------------------------------------|-------------------------------------------------------|

100209203351  
06/22/11--01001--012 \*\*538.75



|                                                                     |                                         |
|---------------------------------------------------------------------|-----------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>9322 BEAUFORT CT. | 3. Mailing Address<br>9322 BEAUFORT CT. |
| Suite, Apt. #, etc                                                  | Suite, Apt. #, etc                      |

06152011 Chg-LLC CR2E083 (11/08)

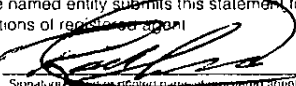
|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br>NEW PORT RICHEY, FL | City & State<br>NEW PORT RICHEY, FL |
| Zip<br>34654                        | Zip<br>34654                        |
| Country                             | Country                             |

|               |                                                        |
|---------------|--------------------------------------------------------|
| 4. FEI Number | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--------------------------------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

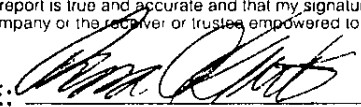
|                                                     |  |
|-----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent     |  |
| TRETO, RAUL A<br>1846 SUMAC CT<br>TRINITY, FL 34655 |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | Zip Code |

|                                                                                                                                                                                                                               |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 8. 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. I am familiar with, and accept the obligations of registered agent. |               |
| SIGNATURE                                                                                                                                   | RAUL A. TRETO |
| DATE 6/20/11                                                                                                                                                                                                                  |               |

|                                                          |                                                      |
|----------------------------------------------------------|------------------------------------------------------|
| FILE NOW!!! FEE IS \$538.75<br>Due by September 23, 2011 | Make check payable to<br>Florida Department of State |
|----------------------------------------------------------|------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                                            | 10. ADDITIONS/CHANGES                              |                                                                   |
|----------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>DE TRETO, ROSA A<br>1846 SUMAC<br>TRINITY, FL 34655 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:                                                                                                                                                                                                                                                                                                                                                                                                            | ROSA A. DETRETO |
| DATE 6/17/2011 727-277-2250                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |

JUN 21 2011