2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 14 PM 4:18

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

06152011 Chg-LLC CR2E083 (11/08)

DOCUMENT # L10000075469

1. Entity Name
ROSA A. TRETO CLEAN SENSE LLC

Principal Place of Business	Mailing Address
1846 SUMAC CT TRINITY, FL 34655	1846 SUMAC CT TRINITY, FL 34655

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9322 BEAUFORT CT.	9322 BEAUFORT CT.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: NEW PORT RICHEY, FL	City & State: NEW PORT RICHEY, FL
Zip: 34654 / Country	Zip: 34654 / Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRETO, RAUL A 1846 SUMAC CT TRINITY, FL 34655	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 — 6/20/11
Signature of new or current registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) — DATE

FILE NOW!!! FEE IS $538.75
Due by September 23, 2011

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE TRETO, ROSA A	NAME	
STREET ADDRESS	1846 SUMAC	STREET ADDRESS	
CITY-ST-ZIP	TRINITY, FL 34655	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 — 6/17/2011 — 727-277-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

T. Clemmion JUN 21 2011