

L110000042531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

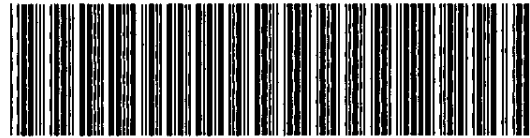
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

FEB 19 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEAN RUN LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANGLYN M COURTNEY

(Contact Person)

CLEAN RUN LLC

(Firm/Company)

P.O. BOX 13

(Address)

HIXSON TN 37343

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELLE COURTNEY at (321) 432-5818

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA
FEDERAL BUREAU OF INVESTIGATION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CLEAN RUN LLC

2. (a) Principal office address of limited liability company: CLEAN RUN LLC

(Note: MUST BE STREET ADDRESS)

649 34TH ST. NORTH
ST. PETERSBURG FLA. 33713

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

CLEANRUN LLC
P.O. BOX 13
HIXSON TN 37343

1/28/2013

3. Date of filing/registration in Florida

4. Document number

L11000042531

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

WILLIAM R COURTNEY

Registered Office Address:

5139 TANGERINE AV S UNIT 5
GULFPORT FLA. 33707

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Agent:

ANGLYN M. COURTNEY

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

5139 TANGERINE AV. S UNIT 5
GULFPORT FLA. 33707

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Anghyn M Courtney
Signature of a member or authorized representative of a member

ANGLYN M. COURTNEY

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Anghyn M Courtney
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00