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2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 23, 1995. If Dissolved, Minimum Amount Due To Reinstate: $738.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 263.75 | Annual Report $100.00 + $138.75 Corporation Supplemental Fee + $25.00 LATE FEE | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # L93000000072

THE CLEAN CUTTERS, L.C.
~~10960 SW 70 TERRACE~~
~~MIAMI FL 33173~~

1a. Principal Place of Business Address
~~10960 SW 70 TERRACE~~
~~MIAMI FL 33173~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

2 Mailing Address	2a. Principal Place of Business	3. Date Organized or Qualified	3a. State of Formation
7970 SW 164 ST	7970 SW 164 ST	03/26/1993	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 65-0400764 ☐ Applied For ☐ Not Applicable	
City & State: Miami FL	City & State: Miami FL	5. Date of Last Report: 06/16/1994	6. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 33157 Country: USA	Zip: 33157 Country: USA		

7. Name and Address of Current Registered Agent

NORRIS, JERRY
9700 SOUTH DIXIE HIGHWAY
SUITE 660
MIAMI FL 33156

8. Name and Address of New Registered Agent

Name: RAY ZOMERFELD
Street Address (P.O. Box Number is Not Acceptable): 7900 SW 109 ST
Suite, Apt. #, etc.:
City: Miami FL Zip Code: 33156

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE: Jerald K N R. Zomerfeld DATE: 6-19-95
(Registered Agent Accepting Appointment) (New Registered Agent Signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
~~M~~	~~IMAGINATIVE MANAGEMENT~~	~~10560 NW 27 STREET SUITE 1~~	~~MIAMI FL~~
M	NORRIS, JERRY	~~10960 SW 70 TERRACE~~ 7970 SW 164 ST	MIAMI FL
M	~~NORRIS~~ NORRIS, WENDY	~~10560 SW 70 Terr.~~ 7970 SW 164 ST.	~~Miami Fl.~~ Miami, FL.

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****263.75 ****263.75

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11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Jerald K N 6-19-95 305 255 5664
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGER OR MANAGING MEMBER OR MANAGER) (Date) (Daytime Phone #)

INHS610 R(4-95)