

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000119173

**Entity Name:** MARGARET CABAN CLEAN EXTREME LLC

**Current Principal Place of Business:**

10380 SW VILLAGE CENTER DRIVE, STE 315  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

10380 SW VILLAGE CENTER DRIVE, STE 315  
PORT ST LUCIE, FL 34987

**FEI Number:** 82-3344464

**Certificate of Status Desired:** Yes

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

MALLONEE, MARGARET  
10380 SW VILLAGE CENTER DRIVE, STE 315  
PORT ST LUCIE, FL 34987 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:** MARGARET MALLONEE

04/25/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MALLONEE, MARGARET  
Address        10380 SW VILLAGE CENTER DRIVE,  
                  STE 315  
City-State-Zip: PORT ST LUCIE FL 34987

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET MALLONEE

OWNER

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date