

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90073 021 ****50.00

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1. Entity Name
 EDITH COUILLARD CLEANING, LLC

Principal Place of Business: 1409 VIBURNUM LANE, WINTER PARK, FL 32792
 Mailing Address: 1409 VIBURNUM LANE, WINTER PARK, FL 32792

4905580



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

03192004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 13-4274788

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COUILLARD, DEBRA S
 1409 VUBURNUM LANE
 WINTER PARK, FL 32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
 NAME: COUILLARD, DEBRA S
 STREET ADDRESS: 1409 VIBURNUM LANE
 CITY-ST-ZIP: WINTER PARK, FL 32792 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: MGRM
 NAME: COUILLARD, CATHYE L.
 STREET ADDRESS: 1409 VIBURNUM LANE
 CITY-ST-ZIP: WINTER PARK, FL 32792 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: MGRM
 NAME: COUILLARD, EDITH J
 STREET ADDRESS: 1409 VIBURNUM LANE
 CITY-ST-ZIP: WINTER PARK, FL 32792 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Debra S Couillard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-04

4076713321
 Date Daytime Phone #