

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90294 018 \*\*\*\*50.00



**DOCUMENT # L04000033606**

1. Entity Name

**PEDRO MULERO CLEANING SERVICE, LLC**

Principal Place of Business

1514 S.W. 4TH PLACE  
 CAPE CORAL FL 33991  
 US

Mailing Address

1514 S.W. 4TH PLACE  
 CAPE CORAL FL 33991  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0506303

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

**MULERO, PEDRO**  
 1514 S.W. 4TH PLACE  
 CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  Delete  
 NAME: MULERO, PEDRO  
 STREET ADDRESS: 1514 S.W. 4TH PLACE  
 CITY-ST-ZIP: CAPE CORAL FL 33991

TITLE: MGR  Delete  
 NAME: MULERO, GLADYS Y  
 STREET ADDRESS: 1514 S.W. 4TH PLACE  
 CITY-ST-ZIP: CAPE CORAL FL 33991

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

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

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

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

10. ADDITIONS/CHANGES

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

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

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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-25-05 CELL 464-5518

Date

Daytime Phone #