## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 19, 2008 8:00 am Secretary of State **DOCUMENT # L05000001966** 03-19-2008 90148 039 \*\*\*138.75 1. Entity Name JESSIE'S CLEANING SERVICE, LLC Principal Place of Business Mailing Address 60015812 2352 WALNUT CANYON DR. 2352 WALNUT CANYON DR. KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2143433 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OROZCO, JESSIE STELIA 600 RACHNA LANE DR. #B KISSIMMEE, FL 34741 Zip Code issimme e é 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 typed or printed name of registered agent and title if applicable. Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition OROZCO, JESSIE STELIA NAME NAME 2352 WALNUT CANYON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34758 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED