


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90118 023 ****55.00

DOCUMENT # L06000030236			
1. Entity Name ANNA'S SHINY CLEANING, LLC			
Principal Place of Business 18 SERVICE TREE PL. PALM COAST, FL 32164		Mailing Address 18 SERVICE TREE PL. PALM COAST, FL 32164	
2. Principal Place of Business - No P.O. Box # 18 SERVICE TREE PL		3. Mailing Address 18 SERVICE TREE PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip 32164	Country US	Zip 32164	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SARADJAN, ARTHUR SR. 18 SERVICE TREE PL. PALM COAST, FL 32164		Name ANNA ANDRUSZKIEWICZ	
		Street Address (P.O. Box Number is Not Acceptable) 18 SERVICE TREE PL	
		City PALM COAST FL Zip Code 32164	
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 <i>Arthur Saradjan</i>		SIGNATURE <i>ANNA ANDRUSZKIEWICZ</i> DATE <i>04.15.2007</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARADIAN, ARTHUR 18 SERVICE TREE PL. PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANNA ANDRUSZKIEWICZ 18 SERVICE TREE PL PALM COAST FL, 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Arthur Saradjan</i>		Date <i>04.15.2007</i> Daytime Phone # <i>386-5032016</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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04152007 Chg-LLC CR2E083 (12/06)

4. FEI Number **33-1135933** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required