


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90029 014 ***143.75

DOCUMENT # L06000105872

1. Entity Name
A&B SPEED CLEANING SERVICES, LLC



Principal Place of Business
**16861 ROYAL POINCIANA DR
 WESTON, FL 33326 US**

Mailing Address
**16861 ROYAL POINCIANA DR
 WESTON, FL 33326 US**

2. Principal Place of Business - No P.O. Box #
X 16663 Redwood Ln

3. Mailing Address
X 16663 Redwood Ln


Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Weston, FL

Zip
33326

Country
U.S.A



04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5811317

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUTISTA, ALVARO H
 16861 ROYAL POINCIANA DR
 WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name
X BAUTISTA, ALVARO H

Street Address (P.O. Box Number is Not Acceptable)
16663 Redwood Ln

City
Weston, FL

Zip Code
33326

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:  DATE: **27-04-08**

Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUTISTA, ALVARO H 16861 ROYAL POINCIANA DR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUTISTA, ALVARO H 16663 Redwood Ln Weston, FL 33326 <input checked="" 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
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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:  DATE: **27-04-08** DAYTIME PHONE #: **954 34 2273**

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