


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000091130</b> 1. Entity Name <b>GENE CARROLL CLEANING, LLC</b>	
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Principal Place of Business <b>414 SOUTH AVE FT. WALTON BCH. FL 32547 US</b>	Mailing Address <b>414 SOUTH AVE FT. WALTON BCH. FL 32547 US</b>
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1st MOORE      CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>20-3489547</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

<b>CARROLL, CARLIE G 414 SOUTH AVE FT. WALTON BCH. FL 32547</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (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, 2007**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MGR CARROLL, CARLIE G 414 SOUTH AVE. FT. WALTON BCH. FL 32547</b>	<input type="checkbox"/>			
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04/13/07-80024-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carlisle G Carroll      3/30/07 850 864 5829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #