

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000041306

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** ECLIPSE CARPET, TILE AND UPHOLSTERY CLEANING, LLC

**Current Principal Place of Business:**

508 SW UNDALLO ROAD  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

508 SW UNDALLO ROAD  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 26-4793754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORTER, WILLIAM  
508 SW UNDALLO ROAD  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PORTER, WILLIAM  
Address: 508 SW UNDALLO ROAD  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM PORTER

MGR

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date