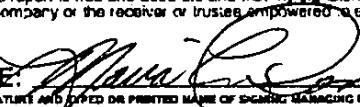
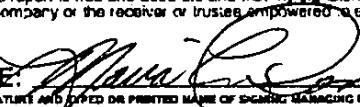
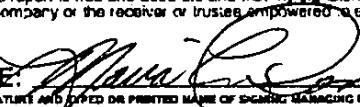


FILED
May 03, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000001074										
1. Entity Name M.J. CLEANING SERVICES, L.L.C.										
Principal Place of Business 3220 40TH AVE W BRADENTON, FL 34205	Mailing Address PO BOX 999 ONECO, FL 34264-0999									
DO NOT WRITE IN THIS SPACE										
		05012007 No Chg-LLC CR2E083 (11/05)								
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0976593</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 65-0976593	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
4. FEI Number 65-0976593	Applied For Not Applicable									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required										
6. Name and Address of Current Registered Agent										
ROSE RO, MARIA C 3220 40TH AVE W BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE									
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE _____										
Filing Fee is \$50.00 Due by May 1, 2007										
9. MANAGING MEMBERS/MANAGERS										
TITLE	MGR	DO NOT WRITE IN THIS SPACE								
NAME	ROSE RO, MARIA C									
STREET ADDRESS	3220 40TH AVE W									
CITY- ST- ZIP	BRADENTON, FL 34205									
TITLE										
NAME										
STREET ADDRESS		DO NOT WRITE IN THIS SPACE								
CITY- ST- ZIP										
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NAME										
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.										
<table style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE: </td><td style="width: 20%; text-align: center;">MARIA ROSE RO</td><td style="width: 20%; text-align: center;">4/30/07</td><td style="width: 20%; text-align: center;">911-758-6117</td></tr><tr><td colspan="4" style="font-size: 8px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</td></tr></table>			SIGNATURE: 	MARIA ROSE RO	4/30/07	911-758-6117	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			
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