LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Oct 02, 2002 8:00 am Secretary of State

10-02-2002 90117 012 ****50.00

DOCUMENT # 40000000 8066 1. Entity Name CORPORATE JANITORIAL SERVICES, LLC 981419 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6607 CAMPEN BAY DR GGOT CAMPEN BAY Suite, Apt. #, etc. Suite. Ant # etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For TAMPA 593667407 Not Applicable \$5.00 Additional 33635 5. Certificate of Status Desired. US 3363 Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE WILLIAM & REAGAN Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 6607 CAMBEN BAY # 203 TAMPA 33635 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. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE PRESIDENT (MGR) WILLIAM C REAGAN NAME NAME STREET ADDRESS 6607 CAMBEN BAY DR. # 203 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33635 CITY-ST-7IP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: WILLIAM CREAGAN Attachment 981419 L000000050U

CERTIFICATE OF WITHDRAWAL OF PARTNER FROM BUSINESS UNDER A FICTITIOUS OR ASSUMED NAME

CERTIFICATE

The following is hereby certified:

1. The undersigned, Damian Figueroa, and whose address is 179 Sunward Avenue Palm Harbor, Florida 34684, has withdrawn as a partner from the partnership doing business under the assumed name

of Corporate Janitorial Services LLC assigned document L0000008066.

2. The partnership has its principal place of business located at: 179 Sunward Avenue Palm Harbor, Florida 34684

— 3.—The fictitious—or assumed name certificate with respect to said business name was filed on July 5, 2000, in the office of Division Of Corporations, State of Florida.

Dated: [36] [62]

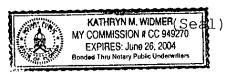
STATE OF FLORIDA COUNTY OF PINELLAS

On August 6, 2002 before me, /D FIGUEROA personally appeared Damian Figueroa, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument

Signature Or M.

Affiant Known X Produced ID

Type of ID FC DC. F260404 72-326 0



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