

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

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

DOCUMENT # L00000008066
 1. Entity Name
CORPORATE JANITORIAL SERVICES, LLC

DO NOT WRITE IN THIS SPACE

981419

2. Principal Place of Business
6607 CAMDEN BAY DR
 Suite, Apt. #, etc. # 203
 City & State TAMPA FL

3. Mailing Address
6607 CAMDEN BAY DR.
 Suite, Apt. #, etc. # 203
 City & State TAMPA FL

DO NOT WRITE IN THIS SPACE

Zip 33635 Country US

4. FEI Number 593667407
 Applied For Not Applicable

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name WILLIAM C REAGAN
 Street Address (P.O. Box Number is Not Acceptable)
6607 CAMDEN BAY DR.
203
 City TAMPA FL Zip Code 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.
 SIGNATURE William C Reagan (WILLIAM C REAGAN) (PRESIDENT) (MGR.) DATE 9/24/02

SEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT (MGR)</u> <u>WILLIAM C REAGAN</u> <u>6607 CAMDEN BAY DR. # 203</u> <u>TAMPA FL 33635</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
 IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 C Reagan (WILLIAM C REAGAN) DATE 9/24/02 813-814-9493
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment 981419
L00000008066

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 The undersigned, Damian Figueroa, and whose address is 179 Sunward Avenue Palm Harbor, Florida 34684, has withdrawn as a partner from the partnership doing business under the assumed name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 L00000008066.

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: 8/6/02 _____

STATE OF FLORIDA
COUNTY OF PINELLAS

On August 6, 2002 before me, ID 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.

WITNESS my hand and official seal.

Signature [Signature]

Affiant Known Produced ID

Type of ID FL DL F260404 72-3260

