

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90136 018 *****55.00

DOCUMENT # L00000008114

1. Entity Name

ALL-CLEAN SERVICES OF FLORIDA, L.L.C.



Principal Place of Business

8000 E. HWY. 70
OKEECHOBEE FL 34974

Mailing Address

1933 SW 40TH DR.
OKEECHOBEE FL 34974

2. Principal Place of Business

3197 NW 20th Trail

3. Mailing Address

1933 SW 40th DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee

City & State

Okeechobee, FL 34974

Zip

FL

Country

Okeechobee

Zip

34974

Country

4. FEI Number

65-1027999

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIGHTSEY, RUTH
1933 S.W. 40TH DRIVE
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME LIGHTSEY, RUTH
STREET ADDRESS 1933 SW 40TH DR.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE V
NAME LIGHTSEY, OPAL
STREET ADDRESS 1933 SW 40TH DR.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE V
NAME LIGHTSEY, DEWEY
STREET ADDRESS 1933 SW 40TH DR.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Ruth Lightsey Ruth Lightsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-3-05 863-357-6020

Date

Daytime Phone #