

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90296 040 \*\*\*\*50.00

**DOCUMENT # L01000003883**

1. Entity Name

JANE'S SPIC & SPAN, LLC



Principal Place of Business

1865 BAY RD.  
309  
VERO BEACH FL 32963

Mailing Address

~~PMB 9-88005 OVERSEAS HWY~~  
~~SUITE 8~~  
~~ISLAMORADA FL 33036~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

1865 Bay Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

City & State

Vero Beach, FL

Zip

Country

Zip

32963

Country

USA

1st MOORE

CR2E083 (10/05)



4. FEI Number

59-3705708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEASE, JANE M  
1865 BAY RD.  
309  
VERO BEACH FL 32963

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

*Jane M Sease*

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, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE .. P ☐ Delete  
NAME SEASE, JANE  
STREET ADDRESS 1865 BAY RD. #309  
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 Section 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.

SIGNATURE:

*Jane M Sease - Jane M Sease*

3-8-06

772 532 0369

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

Date

Daytime Phone #