

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013049

1. Entity Name
SERVICE ONE JANITORIAL, L.L.C.



Principal Place of Business

**1520 TIVOLI DRIVE
DELTONA, FL 32725**

Mailing Address

**1520 TIVOLI DRIVE
DELTONA, FL 32725**



01082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number
59-3235423

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOWMAN, WILLIAM E
1520 TIVOLI DRIVE
DELTONA, FL 32725**

**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: William E Bowman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/9/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BOWMAN, WILLIAM E
1520 TIVOLI DRIVE
DELTONA, FL 32725**

TITLE
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CITY - ST - ZIP

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1100000382416
01/12/06-80011-013 50.00

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IN THIS SPACE**

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

SIGNATURE: William E Bowman William E. Bowman 1/9/06 321-283-2158

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

Date

Daytime Phone #