## \_2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L01000013108** 

1. Entity Name

QUALITY CLEANING, LLC



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

16860 HARTWIG LANE NORTH FORT MYERS, FL 33917 Mailing Address

PO BOX 3124

NORTH FORT MYERS, FL 33918



## DO NOT WRITE IN THIS SPACE

01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0578127 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TYNDALL, SHELLEY M 16860 HARTWIG LANE NORTH FORT MYERS, FL 33918

## DO NOT WRITE IN THIS SPACE

NORTH	OKI MIEKS, FL 33918	IN THIS SPAC	E
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 Reg.)		(NOTE Reg 🖑 red Agent signature required when reinstating)	ATE
Fi	iling Fee is \$50.00 ue by May 1, 2007	<u> </u>	689
9. TITLE	MANAGING MEMBERS/MANAGERS MGRM	05/11/07-800	38-012-50.00
NAME STREET ADDRESS CITY-ST-ZIP	TYNDALL, SHELLEY M 16860 HARTWIG LANE NORTH FORT MYERS, FL 33918		
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TITLE			

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

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

Date

Daylime Phone #