


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000013108 1. Entity Name QUALITY CLEANING, LLC	
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Principal Place of Business 16860 HARTWIG LANE NORTH FORT MYERS, FL 33917	Mailing Address PO BOX 3124 NORTH FORT MYERS, FL 33918
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0578127	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM TYNDALL, SHELLEY M 16860 HARTWIG LANE NORTH FORT MYERS, FL 33918
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000000917110
05/13/08-80029-013 138.75

**DO NOT WRITE
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: _____

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

4/20/08

Date

2392196907

Daytime Phone #