

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017057

FILED
Apr 26, 2005
Secretary of State

Entity Name: COMMERCIAL VAC SERVICES, LLC

Current Principal Place of Business:

5405 TAYLOR RD STE 4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5405 TAYLOR RD STE 4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3747354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARLICK, THOMAS B
5551 RIDGEWOOD DR
SUITE 101
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DAVIS, PAULA J TRUSTEE
Address: 5405 TAYLOR RD STE 4
City-St-Zip: NAPLES, FL 34109

Title: MGRM (X) Delete
Name: DAVIS, JEFFREY
Address: 17420 LEBANON RD.
City-St-Zip: FORT MYERS, FL 33912

Title: MGR (X) Delete
Name: FRANGCO, JOHN W
Address: 166 S TELEGRAPH RD
City-St-Zip: BLOOMFIELD HILLS, MI 48302

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, JEFFREY
Address: 17420 LEBANON ROAD
City-St-Zip: FT. MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY DAVIS

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date