

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000634	
1. Entity Name DUSTBUSTERS HEALTHFRESH CLEANING SERVICES LTD. CO.	

Principal Place of Business 757 MICHAEL DRIVE KEY LARGO, FL 33037	Mailing Address 757 MICHAEL DRIVE KEY LARGO, FL 33037
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

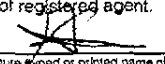


02172004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	
LENTZ, GENE C 757 MICHAEL DR. KEY LARGO, FL 33037	

4. FEI Number 75-3033947	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
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 	DATE 2/23/04
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LENTZ, GENE C 5 MICHAEL DR. KEY LARGO, FL 33037 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000068682 02/27/04-80050-025 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LENTZ, MARIA M 5 MICHAEL DR. KEY LARGO, FL 33037 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	DATE 2/23/04 DAYTIME PHONE # 305 451-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	