DOCUMENT #L020000063(0

1. Entity 1 me

ROSE CLEANING SERVICE, LL. C. DIVISION OF CORPORATIONS 04 AUG 26 PM 1: 20 EINSTATEMENT 2003-2004 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address SEE BELOW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent 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 a DATE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE TITLE NAME Dose NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE TITI F NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 900035441959 TITLE REINSTATEMENT NAME 05/07/04 01015 024 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 15000 TITLE NAME NAME STREET ADDRESS STREET ADDRESS 0/04/ CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE