

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 02, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000008711**

1. Entity Name  
C & J CLEANING, L.L.C.



Principal Place of Business  
1016 S.E. 19TH PL  
CAPE CORAL, FL 33990

Mailing Address  
1016 S.E. 19TH PL  
CAPE CORAL, FL 33990



01192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3644798

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FISHER, LEIGH M.P.A.  
1505 SE 40TH ST.  
CAPE CORAL, FL 33904

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ADDARIO, PETER  
2215 S.E. 9TH TERRACE  
CAPE CORAL, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ADDARIO, CARMEN  
1810 SW 15 TERRACE  
CAPE CORAL, FL 33991

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ADDARIO, JOANNE  
1016 S.E. 19TH PL  
CAPE CORAL, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000285729  
04/02/05-80056-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

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

Date

Daytime Phone #