2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
04-24-2006 90067 022 ****50.00

DOCUMENT # L02000008711

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

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

DO NOT WRITE IN THIS SPACE

04042006 No Chg-LLC CR2E083 (11/05)

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

Leigh Fisher P.A.

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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: Leigh M Fisher P.A. 4-6-06
Signature, types 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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	ADDARIO, PETER
STREET ADDRESS	2215 S.E. 9TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	MGRM
NAME	ADDARIO, CARMEN
STREET ADDRESS	1810 SW 15 TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	MGRM
NAME	ADDARIO, JOANNE
STREET ADDRESS	1016 S.E. 19TH PL
CITY-ST-ZIP	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	

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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: Joanne Addario 239-574-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #