

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92167 039 ****50.00

DOCUMENT # L02000013008
1. Entity Name FILTHY CLEAN CLEANING SERVICES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9291 NORTHLAKE PARKWAY Suite, Apt. #, etc.	3. Mailing Address 9291 NORTHLAKE PARKWAY Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 04-3677677	Applied For Not Applicable
Zip 32827	Country	Zip 32827	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name PAGE A LEINDECKER	
Street Address (P.O. Box Number is Not Acceptable) 9291 NORTHLAKE PARKWAY	
City ORLANDO	Zip Code FL 32827

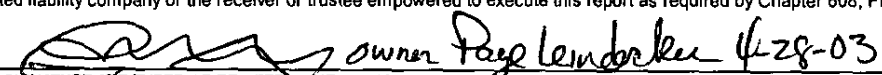
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR LEINDECKER, PAGE A 9291 NORTHLAKE PARKWAY ORLANDO, FL 32827	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEINDECKER, TOMAS G 9291 NORTHLAKE PARKWAY ORLANDO, FL 32827	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 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:  owner Page Leindecker 4-28-03 8407852-1131

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

Date Daytime Phone #

CR2E083B (12/02)