


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-01-2007 90052 001 ****50.00

DOCUMENT # L02000018109 1. Entity Name AMERICAN CLEANING AGENCY, LLC																													
Principal Place of Business 1703 NEEDLES LANE EAST LARGO, FL 33771			Mailing Address 1703 NEEDLES LANE EAST LARGO, FL 33771																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent DOTZINSKI, IVAN B 1703 NEEDLES LANE EAST LARGO, FL 33771				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 02/15/2007																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;">MGR</td> <td style="width:20%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">DOTZINSKA, ELI</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1703 NEEDLES LANE E</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">LARGO, FL 33771</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	DOTZINSKA, ELI		STREET ADDRESS	1703 NEEDLES LANE E		CITY - ST - ZIP	LARGO, FL 33771		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: _____		DATE 02/15/2007 7275320380																											
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____																													