

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001261

FILED
Apr 14, 2005
Secretary of State

Entity Name: MDM CLEANING SERVICES, LLC

Current Principal Place of Business:

475 WEST TOWN PLACE
SUITE 111
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

475 WEST TOWN PLACE
SUITE 111
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 02-0666220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPLAN, HOWARD A P.A.
6260 DUPONT STATION COURT STE. C
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BYATT, MATTHEW K
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DUGAS, DAVID
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR () Change (X) Addition
Name: TAD, LLC,
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID DUGAS

MGR

04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date