

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000001261

**FILED**  
**Aug 22, 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 ( )****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/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** BYATT, MATTHEW K  
**Address:** 475 WEST TOWN PLACE, SUITE 111  
**City-St-Zip:** ST. AUGUSTINE, FL 32092**Title:** MGR ( ) Delete  
**Name:** DUGAS, DAVID  
**Address:** 475 WEST TOWN PLACE, SUITE 111  
**City-St-Zip:** ST. AUGUSTINE, FL 32092**Title:** MGR ( ) Delete  
**Name:** TAD, LLC,  
**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:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGR (X) Change ( ) Addition  
**Name:** L'HOMMEDIEU, NATALIE  
**Address:** 475 WEST TOWN PLACE, SUITE 111  
**City-St-Zip:** ST. AUGUSTINE, FL 32092**Title:** MGR ( ) Change (X) Addition  
**Name:** SAFAR, JOHN  
**Address:** 475 WEST TOWN PLACE SUITE 111  
**City-St-Zip:** ST. AUGUSTINE, FL 32092**Title:** MGR ( ) Change (X) Addition  
**Name:** WARFIELD, STEVEN  
**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: MATTHEW BYATT

MGRM

08/22/2005

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