

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021525

FILED
Apr 16, 2004
Secretary of State

Entity Name: HEALTHY HOME CLEANING SERVICES, LLC

Current Principal Place of Business:

574 CALIBRE CREST PKWY., #205
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

574 CALIBRE CREST PKWY., #205
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

574 CALIBRE CREST PKWY
205
ALTAMONTE SPRINGS, FL 32714

FEI Number: 77-0602721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROSSART, DAVID
574 CALIBRE CREST PKWY., #205
ALTAMONTE SPRINGS, FL 32714

Name and Address of New Registered Agent:

BROSSART, DAVID
574 CALIBRE CREST PKWY
205
ALTAMONTE SPRINGS, FL 32714

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:

04/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BROSSART, DAVID
Address: 574 CALIBRE CREST PKWY., #205
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROSSART, DAVID
Address: 574 CALIBRE CREST PKWY., #205
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR () Change (X) Addition
Name: RADOVICZ, KATALIN
Address: 577 CALIBRE CREST PARKWAY, # 205
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR () Change (X) Addition
Name: BERGMAN, NAOMI
Address: 577 CALIBRE CREST PARKWAY, #106
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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 BROSSART

MGRM

04/16/2004

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