

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021525

FILED
Apr 17, 2006
Secretary of State

Entity Name: HEALTHY HOME CLEANING SERVICES, LLC

Current Principal Place of Business:

574 CALIBRE CREST PKWY
SUITE 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:

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 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: BROSSART, DAVID
Address: 574 CALIBRE CREST PKWY., #205
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

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

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MRGM

04/17/2006

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