

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90104 017 \*\*\*138.75

**DOCUMENT # L03000021525**

1. Entity Name  
**HEALTHY HOME CLEANING SERVICES, LLC**



Principal Place of Business

**620 CROWN OAK CENTRE DR. SUITE 102  
LONGWOOD, FL 32750**

Mailing Address

**620 CROWN OAK CENTRE DR. SUITE 102  
LONGWOOD, FL 32750**

**60040204**



**DO NOT WRITE IN THIS SPACE**

03262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**77-0602721**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

*DB*

**4/21/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BERGMAN, NAOMI  
577 CALIBRE CREST PARKWAY, #106  
ALTAMONTE SPRINGS, FL 32714**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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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:

*David Brossart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

**4/21/08**

Daytime Phone #

**407-869-9037**