

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000025797

1. Entity Name  
SUPERB QUALITY CLEANING, LLC



Principal Place of Business  
4946 ALAVISTA DRIVE  
ORLANDO, FL 32837

Mailing Address  
4946 ALAVISTA DRIVE  
ORLANDO, FL 32837

2. Principal Place of Business  
4946 ALAVISTA DRIVE

Suite, Apt. #, etc.

3. Mailing Address  
4946 ALAVISTA DRIVE

Suite, Apt. #, etc.

City & State  
ORLANDO FL

City & State  
ORLANDO, FL

Zip  
32837

Country

Zip  
32837

Country

02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
45-0518891

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE ALMEIDA, ALEXSANDRA  
12749 GETTYSBURG CIR.  
ORLANDO, FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reinstating)

DATE

Filing Fee Is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ALMEIDA, ALEXSANDRA 4946 ALAVISTA DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ALMEIDA, RODRIGO 4946 ALAVISTA DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

(407)468-8122

SIGNATURE: Alessandra De Almeida

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

Date

Daytime Phone #

6-30-05

FILED  
Jul 13, 2005 8:00 am  
Secretary of State  
07-13-2005 90109 022 \*\*\*\*50.00

20062986

