2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

		*****		_	ecretary of State
DOCUMENT # L03000026469 1. Entity Name SU CASA CLEANING SERVICE, LLC				3	ecretary or State
Principal Place of Business 5638 NUTMEG AVENUE SARASOTA, FL 34231		Mailing Address 5638 NUTMEG AVENUE SARASOTA, FL 34231			
			American market school or 18.		
DO NOT WRITE IN THIS SPACE				03132005No Chg-LLC	CR2E083 (10/03)
ł.,	O NOT WHITE	IN IMIS SI	ACE	4. FEI Number 03-0465328	Applied For Not Applicable
**************************************	& Name and Address of Current C			5. Certificate of Status Desired	S5.00 Additional Fee Required
5638 NUT	6. Name and Address of Current R R, GISELA L MEG AVENUE A, FL 34231	egistered Agent		DO NOT V IN THIS S	
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 tills if applicable. (NOTE: Registered Agent signature required when reinstance) DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALCAZAR, GISELA 5638 NUTMEG AVE SARASOTA, FL 34231				ስታቀለቁጥ ሮግ ር
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11. I horeby certify that the information supplied with this filling 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 cath; 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:

SIGNATURE AND TO BE OR PRINTED NAME OF BIGNING MANAGING MEMBER, CALAUTHORIZED REPRESENTATIVE

3-10-05

941-539710

Daytime Phone #