

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90061 045 \*\*\*\*50.00

20023380



03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 47-0924445 Applied For Not Applicable

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

DOCUMENT # L03000026696

1. Entity Name  
LAKEWOOD COMMERCIAL CLEANING, L.L.C.



Principal Place of Business 14222 CATTLE EGRET PLACE  
BRADENTON, FL 34202  
Mailing Address 14222 CATTLE EGRET PLACE  
BRADENTON, FL 34202

2. Principal Place of Business 7922 Keryn Hammock Ct.  
Suite, Apt. #, etc.  
3. Mailing Address 7922 Keryn Hammock Ct.  
Suite, Apt. #, etc.

City & State Sarasota FL  
Zip 34240 Country USA  
City & State Sarasota FL  
Zip 34240 Country USA

6. Name and Address of Current Registered Agent

CUFFARO, ADAM  
14222 CATTLE EGRET PLACE  
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
7922 Keryn Hammock Ct.  
City Sarasota FL Zip Code 34240

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 ADAM CUFFARO OWNER DATE 3/31/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CUFFARO, ADAM  
STREET ADDRESS 14222 CATTLE EGRET PLACE  
CITY-ST-ZIP BRADENTON, FL 34202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 7922 Keryn Hammock Ct.  
CITY-ST-ZIP Sarasota FL 34240 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date 3/31/06 Daytime Phone # 941-812-0791