2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-22-2004 90098 041 ****55.00

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1. Entity Name
SPIC AND SPAN JANITORIAL SERVICES, LLC

Principal Place of Business	Mailing Address
1486 SW APACHE AVE. PORT ST LUCIE, FL 34953	1486 SW APACHE AVE. PORT ST LUCIE, FL 34953

07162004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4081 SW Rosser Blvd.		4081 SW Rosser Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port St. Lucie, Florida		City & State: Port St. Lucie, Fl.	
Zip: 34953	Country: U.S.	Zip: 34953	Country: U.S.

4. FEI Number 20-0168122 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENNIS, BARBARA B.
1486 SW APACHE AVE.
PORT ST LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name: Gilbert J. Dennis
Street Address (P.O. Box Number is Not Acceptable): 4081 SW Rosser Blvd.
City: Port St. Lucie FL Zip Code: 34953

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: Barbara B. Dennis 7/19/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gilbert J. Dennis 4081 SW Rosser Blvd. Port St. Lucie, Fl. 34953	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: Barbara B. Dennis 7/19/04 772-878-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #