

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000031440

FILED
Oct 24, 2006
Secretary of State

Entity Name: SPIC AND SPAN JANITORIAL SERVICES, LLC

Current Principal Place of Business:

4081 SW ROSSER BLVD.
PORT ST LUCIE, FL 34953

New Principal Place of Business:

4142 SW BAMBERG STREET
PORT ST LUCIE, FL 34953

Current Mailing Address:

4081 SW ROSSER BLVD.
PORT ST LUCIE, FL 34953

New Mailing Address:

4142 SW BAMBERG STREET
PORT ST LUCIE, FL 34953

FEI Number: 20-0168122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DENNIS, BARBARA B
4081 SW ROSSER BLVD
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

DENNIS, BARBARA B
4142 SW BAMBERG STREET
PORT ST LUCIE, FL 34953 US

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.

SIGNATURE: BARBARA B. DENNIS

10/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DENNIS, GILBERT J
Address: 4081 SW ROSSER BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DENNIS, GILBERT J
Address: 4142 SW BAMBERG STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GILBERT J. DENNIS

MGRM

10/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date