2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L03000033562

1. Entity Name

BRENDA FISCHERS ABOVE & BEYOND CLEANING & PERSONAL SERVICES LI C



FILED Feb 07, 2007 08:00 Al Secretary of State

I ENSONAL SERVICES EEC						CONTRACTOR OF THE PARTY OF THE								
Principal Place of Business				Mailing Address										
523 4TH PL SW VERO BEACH FL 32962				523 4TH PL SW VERO BEACH FL 32962			İ							
								•						
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				·						
Suito, Apt. #, etc.				Suite, Apt. #, etc.				1	st MOOR	E	CR2E	083 (	(10/06)	
City & State				City & State				4. FEI Num	nbor 13-4	426696	3			oplied For
Zıp	Country			Zip	Country			5. Certifica	ilo of Status	Desired	<b>\(\sigma\)</b>		5.00 Add	
6. Name and Address of Current Reg				Istered Agent				7. Name and Address of New Registered Agent						
-						Namo								
FISCHER, BRENDA				Street Addres			lress (P.	(P.O. Box Number is Not Acceptable)						
523 4TH PL SW VERO BEACH FL 32962				0.000.7.000.000 (										
VERO BEACH FL 32902												•		
					City					ı	FL.	Zip Cod	lo	
	named entity ions of registe		for the p	purpose of changing its	register	ed office or re	egistered	d agent, or t	ooth, in the S	State of F	lorida. I	am far	niliar with,	and accept
SIGNATURE .	Signature, typed i	or printed name of registered age	ent and tale	il applicable. (NOTE	: Registere	d Agent signature r	required w	rhen reinslating)			DA	ΙE	<del></del>	
				FILE NO	Will I	FEE IS \$50	.00							
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State														
				Due By May 1, 2007										
9. MANAGING MEMBERS				/MANAGERS 10.					ΑC	DITIONS	/CHAN	GES		
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11. I hereby o	certify that the	information supplied v	vith this	filing does not qualify for	or the ex	kemptions cor	ntained	in Section 1	119, Florida	Statutes.	1 further	certify	that the i	nformation

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the receiver or grustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: MANAGE OF BUILDING NAME OF BUILDING

MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #