2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
02-19-2004 90159 033 ****55.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000044092

1. Entity Name

FRESH START CLEANING AND JANITORIAL SERVICE, L.L.C.

Principal Place of Business	Mailing Address
12963 JULINGTON RD JACKSONVILLE FL 32258	P.O. BOX 24664 JACKSONVILLE FL 32241-4664

2. Principal Place of Business	3. Mailing Address
12963 Julington Rd.	P.O. Box 24664
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL.	City & State: Jacksonville FL.
Zip: 32258 Country: Duval	Zip: 32241-4664 Country: Duval

4. FEI Number: 05-0592154 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COBB, MONIKA S 12963 JULINGTON RD JACKSONVILLE FL 32258	Name: Monika Cobb Street Address (P.O. Box Number is Not Acceptable): 12963 Julington Rd. City: Jacksonville FL Zip Code: 32258

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: Monika Cobb Monika Cobb DATE: 1-29-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COBB, MONIKA S 12963 JULINGTON RD JACKSONVILLE FL 32258	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: Monika Cobb Monika Cobb 1-29-04 904-662-3680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #