

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90153 039 ****50.00

DOCUMENT # L03000044092

1. Entity Name

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



Principal Place of Business

12963 JULINGTON RD
JACKSONVILLE FL 32258

Mailing Address

P.O. BOX 24664
JACKSONVILLE FL 32241-4664

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12963 Julington Rd
Jacksonville, FL

P.O. Box 24664
Jacksonville, FL

City & State

City & State

Zip

Country

Zip

Country

32258 Duval

32241-4664 Duval

32241-4664 Duval

32241-4664 Duval

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

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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☐ 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

2-18-05

904-662-3680

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

Date

Daytime Phone #