

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90110 041 ****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

100 Village Green Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 24664
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Jacksonville FL

City & State

Jacksonville FL

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

COBB, MONIKA S
12963 JULINGTON RD
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

Cobb Monika S

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

100 Village Green Ave

City

Jacksonville

FL

Zip Code

32259

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

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, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME COBB, MONIKA S
STREET ADDRESS 12963 JULINGTON RD
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Cobb, Monika S
STREET ADDRESS 100 Village Green Ave
CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

2-8-06

904-662-3680