


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90277 009 ****50.00

DOCUMENT # L03000044092 1. Entity Name FRESH START CLEANING AND JANITORIAL SERVICE, L.L.C.					
Principal Place of Business 100 VILLAGE GREEN AVE JACKSONVILLE FL 32259			Mailing Address P.O. BOX 24664 JACKSONVILLE FL 32241-4664		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 100 Village Green Ave Suite, Apt. #, etc.			
City & State 		City & State Jacksonville FL.			
Zip 	Country	Zip 32259	Country	4. FEI Number 05-0592154	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COBB, MONIKA S 100 VILLAGE GREEN AVE JACKSONVILLE FL 32259				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM COBB, MONIKA S 100 VILLAGE GREEN AVE JACKSONVILLE FL 32259	<input type="checkbox"/> Delete			
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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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Monika Cobb</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> 2-12-07 <small>Date</small> </div> <div style="width: 30%; text-align: right;"> (904) 602-3680 <small>Daytime Phone #</small> </div> </div>					