


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90133 001 ****55.00
04-07-2005 90133 002 ****55.00

DOCUMENT # L03000047275	
1. Entity Name TAMMY MASON CLEANING, LLC	

Principal Place of Business 427 SYCAMORE DR. FREEPORT FL 32439	Mailing Address 427 SYCAMORE DR. FREEPORT FL 32439
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2. Principal Place of Business 427 Sycamore Dr Suite, Apt. #, etc.	3. Mailing Address 427 Sycamore Dr Suite, Apt. #, etc.
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City & State Freeport FL	City & State Freeport FL
Zip 32439	Zip 32439
Country Walton	Country Walton



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent MASON, TAMMY L 427 SYCAMORE DR. FREEPORT FL 32439	
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7. Name and Address of New Registered Agent	
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 Tammy Mason <small>Signature, typed or printed name of registered agent and title if applicable</small>	Tammy Mason <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 3-22-05

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	MGR MASON, TAMMY L 427 SYCAMORE DR. FREEPORT FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASON, WILLIAM R 427 SYCAMORE DR. FREEPORT FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tammy Mason <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 3-22-05 (850) 897-6795 <small>Daytime Phone #</small>