2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000049117

1. Entity Name
GH CLEANING SERVICES, LLC

Principal Place of Business	Mailing Address
8439 HOLLOWBROOK CIRCLE	8439 HOLLOWBROOK CIRCLE
NAPLES, FL 34119	NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

02202007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
51-0490724	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

HEBEN, GREGORY J
8439 HOLLOWBROOK CIRCLE
NAPLES, FL 34119

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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

Filing Fee is $50.00
Due by May 1, 2007

U000000648424
03/07/07-80008-021 50.00

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9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEBEN, GREGORY J
STREET ADDRESS	8439 HOLLOWBROOK CIRCLE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____   2-22-07   (239)304-3240

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