


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90015 010 ****55.00

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| DOCUMENT # L03000051072 | |  | |
| 1. Entity Name MELITA'S CLEANING SYSTEMS, LLC | | | |
| Principal Place of Business 6346-65 LANTANA RD. 25-C LAKE WORTH FL 33463 | | Mailing Address 6346-65 LANTANA RD. 25-C LAKE WORTH FL 33463 | |
| 2. Principal Place of Business <i>6346-65 Lantana Rd</i> | | 3. Mailing Address <i>6346-65 Lantana Rd</i> | |
| Suite, Apt. #, etc. <i>25-C</i> | | Suite, Apt. #, etc. <i>25-C</i> | |
| City & State <i>Lake Worth, Florida</i> | | City & State <i>Lake Worth, Florida</i> | |
| Zip <i>33463</i> | Country <i>Palm Beach</i> | Zip <i>33463</i> | Country <i>Palm Beach</i> |
| 6. Name and Address of Current Registered Agent SOSA, BROWN, ALVA 6346-65 LANTANA RD. 25-C LAKE WORTH FL 33463 | | 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 <i>[Signature]</i> <i>Brown</i> DATE <i>4/1/06</i> <small>Signature, typed or printed name of registered agent and title if 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, 2006 | | | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SOSA BROWN, ALVA 6346-65 LANTANA RD. 25-C LAKE WORTH FL 33463 <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 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: <i>[Signature]</i> <i>Alva Brown</i> | | DATE: <i>4/1/06</i> | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # | |