

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

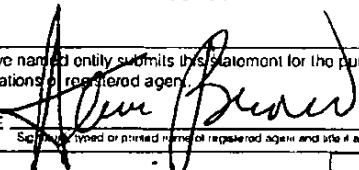
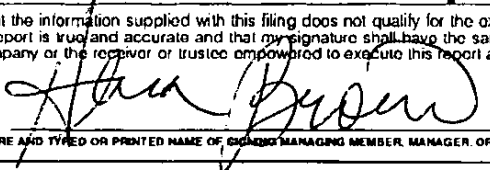
FILED
Aug 23, 2007 8:00 am
Secretary of State

08-02-2007 90031 018 ****55.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L03000051072					
1. Entity Name MELITA'S CLEANING SYSTEMS, LLC					
Principal Place of Business 6346-65 LANTANA ROAD 25-C LAKE WORTH FL 33463 US			Mailing Address 6346-65 LANTANA ROAD 25-C LAKE WORTH FL 33463 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0593679	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
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, the registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when re-stating)					
DATE 4/23/07					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME ☐ Delete				
NAME	SOSA BROWN, ALVA				
STREET ADDRESS	6346-65 LANTANA RD. 25-C				
CITY- ST- ZIP	LAKE WORTH FL 33463				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
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TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					