2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # L0300056032 1. Entity Name NEW CONSTRUCTION CLEANING SERVICE, L.L.C.					04-12-2004 90030 016 ****50.00			
Principal Place of Business Mailing Address					_			
14975 N.W.30TH TERRACE 14975 N.W.30TH TERRACE 0VEFCUORES SI 24973 US								
OKEECHOBEE, FL 349	72 US ₋	OKEECHOBEE, FL 349	972 U	.				
				- : <u></u>				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052004 Chg-LLC	CR2E	083 (10/03)	
City & State		City & State			4. FEI Number 1405	45		olied For Applicable
Zip Country		Zip Country		ry	5. Certificate of Status Desired		\$5.00 Add Fee Required	
6. Nan	egistered Agent			7. Name and Address of New	Registered	Agent		
		Name		<u></u>	»——-			
ROWELL, IRENE L 14975 N.W.30TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)				
OKEECHOBEE, FL 34972				: - !				
# A							1 7 0 1	
				City		FL	-	
		the purpose of changing its	s registere	ed office or register	ed agent, or both, in the State of F	orida. I am	familiar with,	and accept
the obligations of regions	ne X-1	Rowell :		NEL- F	ROWELL	-	9-0	<u>-</u>
Signature, typ	ed or printed name of registered agent a	to the ir applicable. (NO	E: Registered	d Agent signature required	swhen reinstalling)	DATE		
Filing Fee is \$50.00 Due by May 1, 2004			3 .	t in			payable to nent of State	
9	MANAGING MEMBER	RS/MANAGERS	10.	<i>(</i> (ADDITIONS	/CHANGES		
TITLE	1 - 7	☐ Delete	TITLE	_#4			Change	☐ Addition .
NAME STREET ADDRESS			NAME STRE	ET ADDRESS	75 NW 30 hter			
CITÝ-ST-ZIP				-ST-ZIP	echabee F1 349"	12		
TITLE '	* 8	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	Mary Company		NAME					ł
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		Delete	TITLE				Change	Addition
NAME -	<u> </u>	_ builds	NAME	l l	i. Varia	والمرضوع والمراجع والمراجع	هو حساليا	عب
STREET ADDRESS				ET ADDRESS -ST-ZIP	.			.a <u>.</u>
CITY-ST-ZIP		П в.н	_				☐ Change	Addition
TITLE NAME		☐ Delete	TITLE Name				- Charge	AUGNORI
STREE1 ADDRESS			STREE	et adoress			•	
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STRE	ET ADDRESS				
CITY-ST-ZIP			-	-SY-ZIP				
TITLE		☐ Delete	TITLE				Change	Addition "
NAME			NAMI					
STREET ADDRESS				et address - St-Zip				
CITY-ST-ZIP	the information supplied with	this filing dose not qualify for			action 119 07/3Vi) Floride Statutos	I further co	rtify that the in	formation
limited liability comp	any or the receiver or trustee	this filing does not qualify to hat my signature shall have empowered to execute this	the same report as	e legal effect as if r s required by Chap	action 119.07(3)(i), Florida Statutes made under oath; that I am a mana oter 608, Florida Statutes.	iging memb	per or manage	r of the