

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000056318**

1. Entity Name  
**CYNTHIA HOCKETT'S CLEANING LLC**



Principal Place of Business  
**9156 NORTH PERSEUS TERRACE  
CRYSTAL RIVER, FL 34428**

Mailing Address  
**9156 NORTH PERSEUS TERRACE  
CRYSTAL RIVER, FL 34428**



01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0940591**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOCKETT, CYNTHIA  
9156 NORTH PERSEUS TERRACE  
CRYSTAL RIVER, FL 34428**

**DO NOT WRITE  
IN THIS SPACE**

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)

**4-22-05**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HOCKETT, CYNTHIA
STREET ADDRESS	9156 NORTH PERSEUS TERRACE
CITY - ST - ZIP	CRYSTAL RIVER, FL 34428
TITLE	MGRM
NAME	WINBURN, JENNIFER
STREET ADDRESS	5407 W. RICHLAND LANE
CITY - ST - ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000336851  
04/27/05-80140-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-22-05**

DATE

Daytime Phone #

**(352) 422-6972**