

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057164

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: ALLTIMATE CLEANING SERVICES LLC

## Current Principal Place of Business:

5165 NW ALJO CIRCLE  
PORT ST LUCIE, FL 34986

## New Principal Place of Business:

12415 SW 64TH STREET ROAD  
OCALA, FL 34481 US

## Current Mailing Address:

5165 NW ALJO CIRCLE  
PORT ST LUCIE, FL 34986

## New Mailing Address:

12415 SW 64TH STREET ROAD  
OCALA, FL 34481 US

FEI Number: 33-1079227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAPAECONOMOU, TIMOTHY  
5165 NW ALJO CIRCLE  
PORT ST LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

PAPAECONOMOU, TIMOTHY PRESIDE  
12415 SW 64TH STREET ROAD  
OCALA, FL 34481 US

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.

SIGNATURE: TIMOTHY PAPAECONOMOU

04/17/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PAPAECONOMOU, TIMOTHY  
Address: 5165 NW ALJO CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGRM ( ) Delete  
Name: PAPAECONOMOU, AMY R  
Address: 5165 NW ALJO CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PAPAECONOMOU, TIMOTHY  
Address: 12415 SW 64TH STREET ROAD  
City-St-Zip: OCALA, FL 34481 US

Title: MGRM (X) Change ( ) Addition  
Name: PAPAECONOMOU, AMY R  
Address: 12415 SW 64TH STREET ROAD  
City-St-Zip: OCALA, FL 34481 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMY PAPAECONOMOU

MGRM

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date