


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000001085</b>					
<b>1. Entity Name</b> JACQUELYN DENNIS CLEANING SERVICE LLC					
<b>Principal Place of Business</b> 2716 BEDFORD WAY TALLAHASSEE, FL 32308			<b>Mailing Address</b> 2716 BEDFORD WAY TALLAHASSEE, FL 32308		
<b>2. Principal Place of Business - No P.O. Box #</b> 4254 LITTLE OSPREY DR.		<b>3. Mailing Address</b> 4254 LITTLE OSPREY DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tall. FL. 32303		<b>City &amp; State</b> Tall. FL.		<b>4. FEI Number</b> 16-1690857	
<b>Zip</b> 32303		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DENNIS, JACQUELYN 2716 BEDFORD WAY TALLAHASSEE, FL 32308			<b>7. Name and Address of New Registered Agent</b> Name: JACQUELYN DENNIS Street Address (P.O. Box Number Is Not Acceptable): 4254 LITTLE OSPREY DR. City: Tall. FL Zip Code: 32303		
<b>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.</b> SIGNATURE: <u>Jacquelyn Dennis</u> DATE: <u>5/11/07</u> <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		BK		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <input type="checkbox"/> Delete <b>NAME</b> DENNIS, JACQUELYN <b>STREET ADDRESS</b> 2716 BEDFORD WAY <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308	<b>TITLE</b> DENNIS, Jacquelyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 4254 LITTLE OSPREY DR. <b>STREET ADDRESS</b> Tall. FL. 32303 <b>CITY-ST-ZIP</b>				
<b>TITLE</b> <del>DENNIS, JACQUELYN</del> <input type="checkbox"/> Delete <b>NAME</b> <del>4254 LITTLE OSPREY DR.</del> <b>STREET ADDRESS</b> <del>Tall. FL. 32303</del> <b>CITY-ST-ZIP</b>	<b>TITLE</b> 600103047276 <b>NAME</b> 05/23/07--01006--008 **50.00 <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <u>Jacquelyn Dennis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>5/11/07</u> <small>Daytime Phone #</small>	

**FILED**

07 MAY 11 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05112007 Chg-LLC CR2E083 (12/06)