

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 15 AM 9:01 04-20-2005 90029 035 *****55.00

DOCUMENT # L04000005312			
1. Entity Name ROGELIO CRUZ CLEANING LLC			
Principal Place of Business 4568 HAPPY LANDINGS WEST PALM BEACH FL 33415		Mailing Address 4568 HAPPY LANDINGS WEST PALM BEACH FL 33415	
2. Principal Place of Business 5308 CANNON WAY F		3. Mailing Address 5308 CANNON WAY F	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State W. P. Beach FL		City & State W. P. Beach FL	
Zip 33415	Country U.S.A	Zip 33415	Country U.S.A
4. FEI Number 20-0617613		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MATTHEWS, JAMES 3515 VILLAGE BLVD 205 WEST PALM BEACH FL 33409		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 registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUZ, ROGELIO 4568 HAPPY LANDINGS WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRUZ, MARIA 4568 HAPPY LANDINGS WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rogelio Cruz		4/11/05 (561) 667-3300	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	