


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L04000005655</b><br>1. Entity Name:<br><b>LOIS KELLER CONSTRUCTION CLEANING LLC</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>6160 W NINE MILE ROAD<br/>PENSACOLA FL 32526</b>   |   |  | Mailing Address<br><b>6160 W NINE MILE ROAD<br/>PENSACOLA FL 32526</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                              |  |  |
| City & State   |   |  | City & State   |  |  |
| Zip  |   | Country  |  | 4. FEI Number <b>20-0657078</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KELLER, LOIS<br/>6160 W NINE MILE ROAD<br/>PENSACOLA FL 32526</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 signature required when reinstating) DATE _____  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By September 5, 2007</b>   |   |  |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>KELLER, LOIS<br/>6160 W NINE MILE ROAD<br/>PENSACOLA FL 32526</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <b>U00000763491<br/>07/19/07-80003-007 50.00</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |  |  |  |  |
| SIGNATURE: <i>Lois Keller</i>  |   |  | 7-12-07 850-941-1333   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date Daytime Phone #   |  |  |