

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AK)

FILED
May 02, 2005 8:00 am
Secretary of State

02-11-2005 90137 014 ****55.00

DOCUMENT # L04000005890																																																																							
1. Entity Name JEAN STEINBURG CLEANING LLC																																																																							
Principal Place of Business 10505 RAFFIA DR PORT RICHEY FL 34668			Mailing Address 10505 RAFFIA DR PORT RICHEY FL 34668																																																																				
2. Principal Place of Business 10505 RAFFIA DR Suite, Apt. #, etc. Port Richey City & State FL		3. Mailing Address Suite, Apt. #, etc. City & State		30005211 1st MOORE - CR2E083 (10/04)																																																																			
Zip 34668		Country PASCO		4. FEI Number 56-251-1043																																																																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																																																																			
6. Name and Address of Current Registered Agent WRIGHT, LEONOR 10516 RAFFIA DR PORT RICHEY FL 34668			7. Name and Address of New Registered Agent Name: WRIGHT LEONOR Street Address (P.O. Box Number is Not Acceptable): 105016 RAFFIA DR City: Port Richey FL Zip Code: 34668																																																																				
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: <u>Jean Steinburg</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>2-8-05</u>																																																																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STEINBURG, JEAN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10505 RAFFIA DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT RICHEY FL 34668</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STEINBURG, JEAN		NAME			STREET ADDRESS	10505 RAFFIA DR		STREET ADDRESS			CITY - ST - ZIP	PORT RICHEY FL 34668		CITY - ST - ZIP																																						
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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 608, Florida Statutes.																																																																							
SIGNATURE: <u>Jean Steinburg</u> DATE: <u>2-8-05</u> DAYTIME PHONE: <u>727-863-2578</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																							