

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


8/29/2008-90048-023-\$138.75-\$138.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 19 AM 11:07



2nd MOORE CR2E083 (4/08)

<b>DOCUMENT # L04000005890</b>					
1. Entity Name <b>JEAN STEINBURG CLEANING LLC</b>					
Principal Place of Business <b>10505 RAFFIA DR PORT RICHEY FL 34668</b>			Mailing Address <b>10505 RAFFIA DR PORT RICHEY FL 34668</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>56-2511043</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>WRIGHT, LEANOR</del> <i>Delete</i> <del>10516 RAFFIA DRIVE</del> <del>PORT RICHEY FL 34668</del>				Name <b>MELISSA GLASTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>10505 RAFFIA DR</b> <b>PORT RICHEY FL</b> City <b>FL</b> Zip Code <b>34668</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.					
SIGNATURE <i>Melissa Glaster</i>				DATE <b>9-11-08</b>	
				FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008	
9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM STEINBURG, JEAN 10505 RAFFIA DR PORT RICHEY FL 34668</b> <input type="checkbox"/> Delete				10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS 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>Jean Steinburg</i>				Date <b>8-20-08</b> <b>727992-5425</b> Signature Print as is	