03/07/2005 13:34 9417218631 APRIL BOETTNER PAGE 01/01

attention Michell

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/28/2005-90050-029-$50.00-$50.00

FILED

05 MAR 17 PM 3:28

SECRETARY OF STATE TALLAHASSEE FLORIDA

MJH

1st MOORE CR2E083 (10/04)

3/17

DOCUMENT # L04000009885

1. Entity Name

APRIL FRESH CLEANING, L.L.C.

Principal Place of Business	Mailing Address
3100 DARNEA LANE ELLENTON FL 34222	3100 DARNEA LANE ELLENTON FL 34222

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 54-2136875 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GEIST-BOETTNER, APRIL
3100 DARNEA LANE
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name: 54-213 6875

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: April Geist Boettner — DATE: 2-16-05

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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	3100 Darnea Lane Ellenton FL 34222 MBRM	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Geist-Boettner, April	☐ 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)(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: April Geist Boettner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #