2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009953 05 OCT -3 AM 10: 10 1. Entity Name **DENNIS CLEANING SERVICE LLC** Principal Place of Business Mailing Address 9289 N. CITRUS SPRINGS BLVD. 9289 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 CITRUS SPRINGS, FL 34434 2. Principal Place of Business 3. Mailing Address 9272 N. CITRUS 9272 NCITRUS Suite, Apt. #, etc Suite, Apt. #, etc. 09152005 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State BRr 130V CIT RUS CITRUS 05-0596116 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 34434 CITRUS 34434 citrus Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIG-LIOLA ひたんんだ FIGLIOLA, DENNIS 9289 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 City EITRUS 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by October 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MER MGR Change TITLE TITLE ☐ Addition □ Delete FIGURE DELLNIS NAME FIGLIOLA, DENNIS NAME 9272 N. CTRUS SAL BLU STREET ADDRESS 9289 N. CITRUS SPRINGS BLVD. STREET ADDRESS CITRUS SPRINGS, FL 34434 CITY-ST-ZIP ELH. 34434 CITY-ST-ZIP CHRUS TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 600060603906 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE