

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-19-2005 90013 039 ****50.00

DOCUMENT # L04000016636					
1. Entity Name G&S CLEANING, LLC					
Principal Place of Business 6115 HAPPY HOLLOW DR. MILTON, FL 32570			Mailing Address 6115 HAPPY HOLLOW DR. MILTON, FL 32570		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRAUEL, GREGORY 6115 HAPPY HOLLOW DR MILTON, FL 32570				Name 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAUEL, GREGORY 6115 HAPPY HOLLOW DR MILTON, FL 32570 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAUEL, SANDY 6115 HAPPY HOLLOW DR. MILTON, FL 32570 ☐ 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: <u>Sandy Krauel</u> <u>Sandy Krauel</u> <u>4/5/05</u> <u>(850) 982-2487</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



03162005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-07989130** Applied For ☐ Not Applicable ☒

6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required