

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90226 038 \*\*\*\*55.00

**DOCUMENT # L04000017303**

1. Entity Name  
**JANITRON PROPERTY MANAGEMENT CO.**



Principal Place of Business  
**703 SE 5TH STREET  
CAPE CORAL, FL 33990**

Mailing Address  
**PO BOX 151573  
CAPE CORAL, FL 33915**

**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**56-2437946**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORDERO, GRECIA VENTURA  
703 S.E. 5TH STREET  
CAPE CORAL, FL 33990**

**DO NOT WRITE  
IN THIS SPACE**

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

*Grecia Ventura Cordero*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-29-07*

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CORDERO, GRECIA VENTURA  
P.O. BOX 151573  
CAPE CORAL, FL 33990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Grecia Ventura Cordero*

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

*3-29-07*

Date

Daytime Phone #

*239-246-2939*