


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90046 001 ****50.00
07-11-2005 90046 002 *****5.00

DOCUMENT # L04000019332			
1. Entity Name HELENA CLEANING, LLC			
Principal Place of Business 401 ROSERY RD 853 LARGO, FL 33770		Mailing Address 401 ROSERY RD 853 810 LARGO, FL 33770	
2. Principal Place of Business 401. ROSERY rd. N.E.		3. Mailing Address 401. ROSERY rd. N.E.	
Suite, Apt. #, etc. # 810		Suite, Apt. #, etc. # 810	
City & State LARGO FLORIDA		City & State LARGO FLORIDA	
Zip 33770		Country PINELLAS	
4. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOTH, ILONA 401 ROSERY RD 853 810 LARGO, FL 33770		7. Name and Address of New Registered Agent Name: ILONA TOTH Street Address (P.O. Box Number is Not Acceptable) 401. ROSERY rd. N.E. # 810 City: LARGO FL Zip Code: 33770	
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: ILONA TOTH Ilona TOTH 06/29/05 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 September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOTH, ILONA 401 ROSERY RD # 853 810 LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ILONA TOTH Ilona TOTH		06/29/05 (727) 588-0318	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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