

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000019380**

1. Entity Name

TALLAHASSEE BLIND CLEANING SERVICES LLC



Principal Place of Business

3504 OAK HILL TRL.  
TALLAHASSEE, FL 32312

Mailing Address

3504 OAK HILL TRL.  
TALLAHASSEE, FL 32312



04042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0538254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PACE, MELINDA G  
3504 OAK HILL TRL.  
TALLAHASSEE, FL 32312

**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 \_\_\_\_\_

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 May 1, 2007**

U000000694428  
04/17/07-80017-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME PACE, MELINDA G  
STREET ADDRESS 3504 OAK HILL TRL.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE MGRM  
NAME PACE, WILLIAM R JR.  
STREET ADDRESS 3504 OAK HILL TRL.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE MGRM  
NAME ROBBINS, KAYLA T  
STREET ADDRESS 2801 TURKEY HILL TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE MGRM  
NAME ROBBINS, RORY M  
STREET ADDRESS 2801 TURKEY HILL TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** Melinda G Pace

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

4-5-07

Date

850-668-8823

Daytime Phone #