## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 14, 2007 8:00 am Secretary of State 05-14-2007 90361 003 \*\*\*\*50.00 **DOCUMENT # L04000019646 NELLIE CLEANING, LLC** Mailing Address 1518 LEO LN E. 1518 LEO LN E. CLEARWATER, FL 33755 CLEARWATER, FL 33755 --04202007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1220836 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NYIRINE, KORNELIA T DO NOT WRITE 1518 LEO LN E. #2 IN THIS SPACE CLEARWATER, FL 33755 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. '(NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 6 93 200 MANAGING MEMBERS/MANAGERS 9. Adress changed TITLE 1419 Water View Dr W Largo, FL 33771 NAME NYIRINE, KORNELIA T STREET ADDRESS 1518 LEO LN E. #2 CLEARWATER, FL 33755 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/30/07

FILED