

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000019842

1. Entity Name  
JANITOR SOLUTIONS, L.L.C.



Principal Place of Business  
4265 U.S. HIGHWAY 98 N., SUITE 576  
LAKELAND, FL 33809

Mailing Address  
4265 U.S. HIGHWAY 98 N., SUITE 576  
LAKELAND, FL 33809

2. Principal Place of Business <b>402 YOLONDA COURT</b>	3. Mailing Address <b>402 YOLONDA COURT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>LAKELAND, FL</b>	City & State <b>LAKELAND, FL</b>
Zip <b>33809</b>	Country <b>POLK</b>
Zip <b>33809</b>	Country <b>POLK</b>

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0878733**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, ROBERT F CPA  
2918 BUSCH LAKE BLVD.  
TAMPA, FL 33614

Name  
**GEORGE A. PEREZ**

Street Address (P.O. Box Number is Not Acceptable)

**402 YOLONDA COURT**

City  
**LAKELAND** FL **33809**

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 *George Perez*  
Signature, typed or printed name of registered agent and title if applicable.

**GEORGE A. PEREZ**

(NOTE: Registered Agent signature required when changing)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition <b>GEORGE A. PEREZ 402 YOLONDA COURT LAKELAND, FL 33809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition <b>MGR MAURICIO LOPEZ 4706 N. LOIS AVENUE TAMPA, FL 33614</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *George Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

14/3/05 1863-58-824  
Date Daytime Phone #