

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90014 039 ****50.00

20054411



DOCUMENT # L04000019842 1. Entity Name JANITOR SOLUTIONS, L.L.C.																							
Principal Place of Business 4265 U.S. HIGHWAY 98 N., SUITE 576 LAKE LAND, FL 33809			Mailing Address 4265 U.S. HIGHWAY 98 N., SUITE 576 LAKE LAND, FL 33809																				
2. Principal Place of Business 402 YOLONDA COURT Suite, Apt. #, etc.		3. Mailing Address 402 YOLONDA COURT Suite, Apt. #, etc.																					
City & State LAKE LAND FL Zip 33809 Country POLK		City & State LAKE LAND FL Zip 33809 Country POLK		4. FEI Number 20-0878733 Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04252005 Chg-LLC CR2E083 (10/03)																			
6. Name and Address of Current Registered Agent COHEN, ROBERT F CPA 2918 BUSCH LAKE BLVD. TAMPA, FL 33614			7. Name and Address of New Registered Agent Name GEORGE A PEREZ Street Address (P.O. Box Number is Not Acceptable) 402 YOLONDA COURT City LAKE LAND FL Zip Code 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			GEORGE A. PEREZ <small>(NOTE: Registered Agent signature required when reinstating)</small>																				
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																				
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MGRM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GEORGE A. PEREZ</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>402 YOLONDA COURT</td> </tr> <tr> <td></td> <td>LAKE LAND, FL 33809</td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	MGRM	STREET ADDRESS	GEORGE A. PEREZ	CITY-ST-ZIP	402 YOLONDA COURT		LAKE LAND, FL 33809
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/4/2005 Daytime Phone # 1863-238-824																				