## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Mar 17, 2008 08:00 A **DOCUMENT # L04000023186** Secretary of State 1. Entity Name DAVID ROBINSON CLEANING SERVICE, LLC Principal Place of Business Mailing Address 609 NW 19TH TERRACE 609 NW 19TH TERRACE CAPE CORAL, FL 33993 CAPE CORAL, FL 33993 01042008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2314915 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fåå Required 6. Name and Address of Current Registered Agent ROBINSON, DAVID DO-NOT-WRITE ---609 NW 19TH TERRACE CAPE CORAL, FL 33993 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) U00000860555 04/02/08-80066-023 138.75 FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9 MGR TITLE NAME ROBINSON, DAVID STREET ADDRESS 609 NW 19TH TERRACE CITY-ST-ZIP CAPE CORAL, FL 33993 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-7/P 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 eath; that I am a managing member or manager of the limited liability company or the faceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**