

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90182 021 ****50.00

DOCUMENT # L04000026384					
1. Entity Name R&M CLEANING SERVICES, LLC.					
Principal Place of Business 6940 30TH SQUARE APT# 108 VERO BEACH, FL 32966 IR			Mailing Address 6940 30TH SQUARE APT# 108 VERO BEACH, FL 32966 IR		
2. Principal Place of Business 1454 36 AVENUE Suite, Apt. #, etc.			3. Mailing Address 1454 36 AVENUE Suite, Apt. #, etc.		
City & State VERO Beach, FL		City & State VERO Beach, FL		4. FEL Number 50-2459421	
Zip 32960		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MANRIQUE, RODRIGO A 6940 30TH SQUARE APT.108 VERO BEACH, FL 32966				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1454 36 AVENUE City VERO BEACH FL Zip Code 32960	
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 DATE 3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS/CHANGES		
TITLE MGR NAME MANRIQUE, RODRIGO A STREET ADDRESS 6940 30TH SQUARE CITY-ST-ZIP APT. 108, FL 32966	<input type="checkbox"/> Delete		TITLE NAME 1454 36 AVENUE STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME GUTIERREZ, MARIA E STREET ADDRESS 6940 30TH SQUARE CITY-ST-ZIP VERO BEACH, FL 32966	<input type="checkbox"/> Delete		TITLE NAME 1454 36 AVENUE STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP	<input checked="" 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	
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:			Date 3/15/05 Daytime Phone # 772-5627340		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					