2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000026664 1. Entity Name **RSW CLEANING, LLC**



FILED Feb 13, 2008 08:00 AN Secretary of State

Principal Place of Business

1602 OAKFIELD DRIVE

201

BRANDON, FL 33511

Mailing Address

1602 OAKFIELD DRIVE

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201

BRANDON, FL 33511



02102008 No Chg-LLC

CR2E083 (12/07)

13-4277975	Not Applicable
. FEI Number	Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

The second of th

SMITH, KEITH C ESQ. 121 NORTH COLLINS STREET PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing ions of registered agent.	ng its registered office or registered agent, o	or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating	g) ^ (DATE

FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	- Professional Company of the Company of
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	MGR WILLIAMS, REBECCA MARIE 8214 TODD PLACE PLANT CITY, FL 33565	and the second of the second o
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, SPENCER B 8214 TODD PLACE PLANT CITY, FL 33565	000000826426 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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TITLE - NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE