


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90179 034 ****55.00

DOCUMENT # L04000035579	
1. Entity Name TASK JANITORIAL SERVICES L.L.C.	

Principal Place of Business 1084 SOUTHDAL RD FT. MYERS, FL 33919	Mailing Address PO BOX 7794 FT. MYERS, FL 33911
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2. Principal Place of Business 1802 SE 1st St	3. Mailing Address P.O. Box 7794
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cape Coral FL	City & State Ft Myers FL
Zip 33990	Country Lee
Zip 33911	Country Lee

02112005 Chg-LLC CR2E083 (10/03)

4. FEI Number F 731725681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, TAMMIE 1802 SE-1ST STREET CAPE CORAL, FL 33990
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7. Name and Address of New Registered Agent	
Name Clinton Anderson Jr	
Street Address (P.O. Box Number is Not Acceptable) 1802 SE 1st Street	
City Cape Coral	FL Zip Code 33990

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 Clinton Anderson Jr	DATE 2/11/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR ANDERSON, CLINTON 1802 SE 1ST STREET CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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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: Clinton Anderson	Date 2/11/05
Daytime Phone # (239) 601-2800	