2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Sep 08, 2005 8:00 am Secretary of State DOCUMENT # L04000040963 09-08-2005 90012 016 ****50.00 1. Entity Name FIVE STAR CLEANING CONCEPTS, LLC Principal Place of Business Mailing Address 264 SHALER BOULEVARD 264 SHALER BOULEVARD RIDGEFIELD NJ 07651 RIDGEFIELD NJ 07651 2. Principal Place of Business 3. Mailing Address 1301 RusTlewood Suite, Apt. #, etc. Suite Apt. #, etc. 2nd MOORE CR2E083 (5/05) Brandon City & State 4. FEI Number Applied For BRANdon 36-4560342. Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALHAN SEARS INDRA UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE TALLAHASSEE FL 32301 Zip Code 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 9 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MERM TITLE **MGRM** ☐ Delete TITLE Change ☐ Addition MACHAN INDRA NAME MALHAN, INDRA NAME 1301 Rustlewood BR. STREET ADDRESS 264 SHALER BOULEVARD STREET ADDRESS CITY - ST - 7/P RIDGEFIELD NJ 07651 CITY-ST-7IP TITLE **MGRM** ☐ Delete Change ☐ Addition SEARS, FEDERCK NAME SEARS, FREDERICK NAME 1301 Rustlewood BRING STREET ADDRESS 264 SHALER BOULEVARD STREET ADDRESS CITY-ST-7IP **RIDGEFIELD NJ 07651** CITY-ST-ZIP TIFLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE П Спалое ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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lalhan Sean 9/2/05 813-571-0950 SIGNATURE:

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.