


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|--|--|---|
| DOCUMENT # L04000043293 | |  |
| 1. Entity Name FIRST CLASS CLEANERS LLC | | |

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|---|---|
| Principal Place of Business 3591 WHIPPOORWILL WAY TALLAHASSEE, FL 32310 | Mailing Address 3591 WHIPPOORWILL WAY TALLAHASSEE, FL 32310 |
|---|---|

| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



04182008 Chg-LLC CR2E083 (12/06)

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|-----------------------------|--|
| 4. FEI Number 26-0088110 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MCDONALD, LOUISE 3591 WHIPPOORWILL WAY TALLAHASSEE, FL 32310 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | 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.

| | | | |
|-----------|---|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|--|------|

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|--------------------------------------|-----------------------|---|
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDONALD, LOUISE | NAME | 000124357800 |
| STREET ADDRESS | 3591 WHIPPOORWILL WAY | STREET ADDRESS | 04/18/08--01026--009 **138.75 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32310 | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SLOCUMB, MELODY | NAME | |
| STREET ADDRESS | 2534-B RAINEY ALLEN RD | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32310 | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURGESS, CANDACE | NAME | |
| STREET ADDRESS | 225 MARK CHARLES DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32310 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

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|---|----------------------|----------------------------------|
| SIGNATURE: <u>Louise McDonald</u> | Date: <u>4-18-08</u> | Daytime Phone #: <u>350-0965</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |

FILED
08 APR 18 PM 3: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA