2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State
08-29-2008 90048 035 ***138.75

DOCUMENT # L04000044732

1. Entity Name
XAML CLEANING SERVICE, LLC

50009766

Principal Place of Business	Mailing Address
804 LONG AVENUE APT. 1 PORT ST. JOE, FL 32456 US	P.O. BOX 1273 PORT ST. JOE, FL 32457 US

05012008 Chg-LLC CR2E083 (12/06)

NEW OFFICE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
812 Marvin Avenue	
Suite, Apt. #, etc. PORT ST. JOE	Suite, Apt. #, etc.
City & State FLORIDA	City & State
Zip 32466 Country USA	Zip Country

4. FEI Number
20-1243215
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOVE, MACHELL 804 LONG AVENUE APT. 1 PORT ST. JOE, FL 32456	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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOVE, MACHELL 804 LONG AVENUE APT 1 PORT ST. JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOVE, BIANCA F 804 LONG AVENUE APT 1 PORT ST. JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOVE, XERXES 804 LONG AVENUE APT 1 PORT ST. JOE, FL 32456	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Love, Xerxes, This member is no longer a member or part of this organization ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ July 16, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

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I sincerely apologize for sending this report to you in the time frame in which it was sent, however at the time I was to send it, I had not been made aware of the increased amount to file on the report, by the May 1st deadline. Due to my business suffering a major setback and being extremely slow, I was not able to pay the required amount of $138.75. I was advised by your organization to send this letter to waive the $400.00 fee. I am just now able to send this money. Thank you for your patience and understanding in these difficult times.

AM/ Cleaning SVC LLC

Machell Love

Owner/Operator

Wed. July 16, 2025