2005 LIMITED LIABILITY COMPANY

SIGNATURE: SIGNATURE and Tiped ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT

DOCUMENT # L04000050432



FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90013 007 ****50.00

ALL BRICK CLEANING SOLUTIONS, LLC					05-05-2005 5	0013 007	50.00	,
Principal Place of Business 1430 CONNECTICUT STREET TALLAHASSEE, FL 32304		Mailing Address 1430 CONNECTICUT STREET TALLAHASSEE, FL 32304		1 (E E)(SN E)	23 2 2	ıl 2010: B iril 20 11 Birdə	1818 11881	IE 1118 1 8 8 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005	Chg-LLC	CR2E083 (10	/03)	
City & State		City & State		4. FEI Number 73 -	ber Applied For Not Applied			
Zip	Country	Zip	Country		of Status Desired	□ \$5.00 Fee Re	Addit	ional
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
PLATT, AARON								
	NECTICUT STREET SSEE, FL 32304	Street Address		s (P.O. Box Numb	er is Not Acceptable	*)		
			City		v 00	FL Zip	Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regist	tered agent, or bo	th, in the State of Flo	<u> </u>	with, ar	nd accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	agradas, typed in prince fulling of registered figure as	To the II approache. (1401).	подъще от густи ыдпали от годин	rea what remstating,		DAIE		
Fi Di	iling Fee is \$50.00 ue by May 1, 2005			Make check payable to Florida Department of State				
9.	MANAGING MEMBER		10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLATT, AARON 1430 CONNECTICUT STREET TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ch	ange	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Cr		Addition
11. I hereby indicated limited lis	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trustee	this tiling does not qualify for that my signature shall have the empowered to execute this re-	tne exemption stated in ne same legal effect as i eport as required by Cha	Section 119.07(3) f made under oath apter 608, Florida	(i), Florida Statutes. i; that I am a manag Statutes.	I further certify that ging member or ma	t the info anager	ormation of the