2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007
Secretary of State

DOCUMENT# L04000053391

Entity Name: TAMMY CRAWFORD, BAYOU CLEANING, LLC

Current Principal Place of Business:

1628 DATE PALM DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

643 LIVE OAK ST
FREEPORT, FL 32439

Current Mailing Address:

1628 DATE PALM DRIVE
NICEVILLE, FL 32578

New Mailing Address:

643 LIVE OAK ST
FREEPORT, FL 32439

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAWFORD, TAMMY A
1628 DATE PALM DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

CRAWFORD, TAMMY A OWNER
643 LIVE OAK ST
FREEPORT, FL 32439 US

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.

SIGNATURE: TAMMY CRAWFORD 07/19/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CRAWFORD, TAMMY A
Address: 1628 DATE PALM DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete
Name: CRAWFORD, LONNIE
Address: 1628 DATE PALM DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CRAWFORD, TAMMY A
Address: 643 LIVE OAK ST
City-St-Zip: FREEPORT, FL 32439

Title: MGRM (X) Change ( ) Addition
Name: CRAWFORD, LONNIE
Address: 643 LIVE OAK ST
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMMY CRAWFORD OWNE 07/19/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date