

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057536

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: C & W JANITORIAL SERVICES LLC

**Current Principal Place of Business:**

1201 SW 50TH AVE.  
4-206  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

1201 SW 50TH AVE.  
4-206  
NORTH LAUDERDALE, FL 33068 US

**New Mailing Address:**

FEI Number: 20-1452378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS, WADE  
1201 SW 50TH AVE.  
4-206  
NORTH LAUDERDALE, FL 33068 US

**Name and Address of New Registered Agent:**

COLBERT, CARL T  
1201 SW 50TH AVE.  
4-206  
NORTH LAUDERDALE, FL 33068 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: CARL T COLBERT

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: COLBERT, CARL T  
Address: 1201 SW 50TH AVE. #4-206  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, WADE  
Address: 1201 SW 50TH AVE. #4-206  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARL T COLBERT

MGRM

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date