


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90047 030 ****50.00

DOCUMENT # L04000058813					
1. Entity Name TOPSHELF PROFESSIONAL CLEANING, LLC					
Principal Place of Business 2856 BROOKS STREET LAKELAND, FL 33813			Mailing Address PO BOX 1243 BARTOW, FL 33830		
2. Principal Place of Business 3189 Valley Vista Cr		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State		4. FEI Number 20-1593654	
Zip 33813		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRDSONG, MARSHA A 2856 BROOKS STREET LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name: Birdsong, Marsha A Street Address (P.O. Box Number is Not Acceptable): 3189 Valley Vista Circle City: Lakeland FL Zip Code: 33813		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Birdsong, Marsha A 3189 Valley Vista Circle Lakeland, FL 33813			Birdsong, Marsha A 3189 Valley Vista Circle Lakeland, FL 33813		
Mitchell, Melissa M 462 Heather Court Bartow, FL 33830			Mitchell, Melissa M 462 Heather Court Bartow, FL 33830		
Peronto, Carol L 328 Diamond Ridge Blvd Auburndale, FL 33823			Peronto, Carol L 328 Diamond Ridge Blvd Auburndale, FL 33823		
(Empty row)			(Empty row)		
(Empty row)			(Empty row)		
(Empty row)			(Empty row)		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: Carol L. Peronto Carol L. Peronto 2/23/05 863-604-0424					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					