


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

7. **Sep 08, 2008 8:00 am**
Secretary of State

07-29-2008 90034 021 ***250.00

DOCUMENT # L04000060649 1. Entity Name MAINTENANCE PLUS, LLC	
--	---

Principal Place of Business 9131 BYROM CAMPBELL RD PACE, FL 32571 US	Mailing Address 9131 BYROM CAMPBELL RD PACE, FL 32571 US
--	--

30011193



07172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1495997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SINGLETON, WILLIAM G 9131 BYROM CAMPBELL RD PACE, FL 32571
--

**DO NOT WRITE
IN THIS SPACE**

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 reappointing.) DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SINGLETON, WILLIAM G 9131 BYROM CAMPBELL RD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SINGLETON, JACOB L 9131 BYROM CAMPBELL RD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

William G. Singleton

8-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #