

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

07-28-2005 90069 039 ****50.00

DOCUMENT # L04000070640

1. Entity Name

K'S KLEANING SERVICE LLC



Principal Place of Business

3012 TAUNTON DRIVE WEST
BRADENTON FL 34205

Mailing Address

3012 TAUNTON DRIVE WEST
BRADENTON FL 34205

2. Principal Place of Business

5504 2ND AVE DR W

Suite, Apt. #, etc.

3. Mailing Address

5504 2ND AVE DR W

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

061733915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREER, KELLY
3012 TAUNTON DRIVE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: GREER, KELLY
STREET ADDRESS: 3012 TAUNTON DRIVE WEST
CITY-ST-ZIP: BRADENTON FL 34205
☒ Delete

TITLE: MGR
NAME: GREER, KELLY
STREET ADDRESS: 5504 2ND AVE DR WEST
CITY-ST-ZIP: BRADENTON FL 34209
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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TITLE:
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CITY-ST-ZIP:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS: 5504 2ND AVE DR W EST
CITY-ST-ZIP: BRADENTON FL 34209
☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

5417

7.2005 941.812.5417