

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074954

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA ALTOMONT CLEANING SERVICE, LLC

**Current Principal Place of Business:**

624 OAKPARK LOOP  
DAVENPORT, FL 33837

**New Principal Place of Business:**

624 OAKPARK LOOP  
DAVENPORT, FL 33837 US

**Current Mailing Address:**

624 OAKPARK LOOP  
DAVENPORT, FL 33837

**New Mailing Address:**

624 OAKPARK LOOP  
DAVENPORT, FL 33837 US

**FEI Number:** 38-0666347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWEN, STANLEY  
624 OAKPARK LOOP  
DAVENPORT, FL 33837 US

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

BOWEN, STANLEY E  
624 OAKPARK LOOP  
DAVENPORT, FL 33837 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: STANLEY E. BOWEN

04/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BOWEN, STANLEY  
Address: 624 OAKPARK LOOP  
City-St-Zip: DAVENPORT, FL 33837

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOWEN, STANLEY E  
Address: 624 OAKPARK LOOP  
City-St-Zip: DAVENPORT, FL 33837 US

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: STANLEY E. BOWEN

MGRM

04/28/2005

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