2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 18, 2005 8:00 am **Secretary of State** DOCUMENT # L04000075280 01-18-2005 90180 009 ****50.00 DIVINE CLEANING, LLC Principal Place of Business Mailing Address 1421 EASTWIND DRIVE 1421 EASTWIND DRIVE JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152005 Chq-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 300 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYRA, LOUGHRAN P.A. Street Address (P.O. Box Number is Not Acceptable) 333 FIRST ST. N, STE. 305 JACKSONVILLE, FL 32250 City 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. m GRM Change ☐ Addition TITLE TITLE ☐ Delete JANECE BARLEY NAME NAME 1421 EASTWIND PRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32250 JACKSONUILLE BEACH FL Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

ANECE

D TYPED OR PRINTED NAME OF

FILED