


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90218 041 ****55.00

DOCUMENT # L04000077678		
1. Entity Name R&B CLEANING SERVICES LLC		

Principal Place of Business 480 24TH AVE. N.E. NAPLES, FL 34120	Mailing Address 480 24TH AVENUE N.E. NAPLES, FL 34120
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2. Principal Place of Business 480 24th Ave N.E.	3. Mailing Address 480 24th Ave N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples, FL.	City & State Naples, FL.
Zip 34120	Country USA
Zip 34120	Country USA

04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 73-1721556	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HOLSEMBACK, RAYMOND P 480 24TH AVENUE N.E. NAPLES, FL 34120	

7. Name and Address of New Registered Agent	
Name R	
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 Raymond Holsemback	DATE 04/11/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. HOLSEMBACK, RAYMOND P 480 24TH AVENUE. N.E. NAPLES, FL 23120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON-HOLSEMBACK, BEVENA N 480 24TH AVENUE N.E. NAPLES, FL 34120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Raymond Holsemback	Date 04/11/05	Daytime Phone # 239-216-0380
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* I want to keep the same title. I Do I Sign on Line 8?