


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

\* I want to keep the same title. Do I sign on line 8?

<b>DOCUMENT # L04000077678</b>					
1. Entity Name <b>R&amp;B CLEANING SERVICES LLC</b>					
Principal Place of Business <b>480 24TH AVE. N.E. NAPLES, FL 34120</b>			Mailing Address <b>480 24TH AVENUE N.E. NAPLES, FL 34120</b>		
2. Principal Place of Business <b>480 24th Ave N.E.</b>		3. Mailing Address <b>480 24th Ave N.E.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Naples, FL.</b>		City & State <b>Naples, FL.</b>		4. FEI Number <b>73-1721556</b>	
Zip <b>34120</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>34120</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HOLSEMBACK, RAYMOND P 480 24TH AVENUE N.E. NAPLES, FL 34120</b>			7. Name and Address of New Registered Agent		
Name <b>R</b>			Street Address (P.O. Box Number is Not Acceptable)		
City <b>FL</b>			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: <i>[Signature]</i> <b>Raymond Holsemback</b> DATE: <b>04/11/05</b>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>[Signature]</i> <b>Raymond Holsemback MGR</b>			Date: <b>04/11/05</b> Daytime Phone #: <b>239-216-0380</b>		

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04052005 Chg-LLC CR2E083 (10/03)