


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000080831 1. Entity Name ALPHONSO'S CLEANING, LLC		
Principal Place of Business 6070 NW STATE ROAD 318 ORANGE LAKE, FL 32681	Mailing Address PO BOX 313 ORANGE LAKE, FL 32681	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILSON, ALPHONSO F 6070 NW STATE ROAD 318 ORANGE LAKE, FL 32681		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, ALPHONSO F PO BOX 313 ORANGE LAKE, FL 32681	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Alphonso F Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-24-06 Daytime Phone # 514-1996 352



01232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
26-4499651

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000531945
05/06/06-80066-003 50.00

**DO NOT WRITE
IN THIS SPACE**