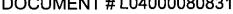
2008 LIMITED LIABILITY COMPANY

DOCUMENT # L04000080831 1. Entity Name

FILED Apr 03, 2008 08:00 AN Secretary of State



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



02282008 No Chg-LLC

CR2E083 (12/07)

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4.	FE1	Number	
	28	3-4499651	

Applied For Not Applicable

5. Certificate of Status Desired

4-1-08

Daytime Phone #

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ALPHONSO F 6070 NW STATE ROAD 318 ORANGE LAKE, FL 32681

			HISSPACE				
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_	Alphonso L. Wilson. Signature Myped or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	4-1-08 DATE:				
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75		U00000879258 04/15/08-80011-017 138.75				
9.	MANAGING MEMBERS/MANAGERS	CHIT. SAID MACHINES	LET SATESTED BELLEVIS HER LET HE ASSES				
TITLE	MGRM						
NAME	WILSON, ALPHONSO F						
STREET ADDRESS	PO BOX 313						
CITY-ST-ZIP	ORANGE LAKE, FL 32681						
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NAME							
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CITY-ST-ZIP	·						
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.							

O OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE