

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90046 017 ****55.00

DOCUMENT # L04000081383 1. Entity Name THERESA'S CLEANING SERVICES LLC			
Principal Place of Business 6681 NW 22ST SUNRISE, FL 33313		Mailing Address 6681 NW 22ST SUNRISE, FL 33313	
2. Principal Place of Business 6681 NW 22ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6681 NW 22ST <small>Suite, Apt. #, etc.</small>	
City & State SUNRISE Florida Zip 33313		City & State SUNRISE Florida Zip 33313	
4. FEI Number 06-1735118		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		08292005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HALL, THERESA 6681 NW 22ST SUNRISE, FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Theresa Hall</i></u> 8/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, THERESA 6681 NW 22ST SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Theresa Hall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		8/28/05 (754) 246-2640 <small>Date Daytime Phone #</small>	