

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90041 001 ****50.00

DOCUMENT # L04000081546

1. Entity Name
LADY TA'FREE CLEANING SERVICE "L.L.C."



Principal Place of Business
120 RIVER TER.
120 RIVER TER
EAST PALATKA, FL 32131 US

Mailing Address
120 RIVER TER.
120 RIVER TER
EAST PALATKA, FL 32131 US



04102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

~~51-8503400~~ 02-0773788

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNS, IRISH R
120 RIVER TER.
120 RIVER TER
EAST PALATKA, FL 32131

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME BELINDA, JACKSON J
STREET ADDRESS 440 FERN ST.
CITY-ST-ZIP PALATKA, FL 32187

☐ Change ☐ Addition

TITLE MGR ☒ Delete
NAME CYNTHIA, VICKERS
STREET ADDRESS 312 S 15TH ST.
CITY-ST-ZIP PALATKA, FL 32177

☐ Change ☐ Addition

TITLE MGR ☒ Delete
NAME JOHNNIE, WRIGHT
STREET ADDRESS 505 N 9TH. ST.
CITY-ST-ZIP PALATKA, FL 32177

☐ Change ☐ Addition

TITLE ☐ Delete
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME *JOHNS, IRISH R.*
STREET ADDRESS *120 RIVER TER.*
CITY-ST-ZIP *EAST PALATKA FL 32131*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #