


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90014 011 ****55.00

DOCUMENT # L04000087044

1. Entity Name
CRISTEL'S JANITORIAL SERVICE, LLC



Principal Place of Business
**PO BOX 563
 SILVER SPRINGS, FL 34489**

Mailing Address
**PO BOX 563
 SILVER SPRINGS, FL 34489**

20029040



2. Principal Place of Business
2401 SW 41 St.
 Suite, Apt. #, etc.
#203

3. Mailing Address
P.O. Box 563
 Suite, Apt. #, etc.

04072005 Chg-LLC CR2E083 (10/03)

City & State
Ocala, Fl.

City & State
Silver Springs, Fl.

Zip Country
34474 USA

Zip Country
34489 USA

4. FEI Number
20-1973616

Applied For
 Not Applicable

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	
APODACA, CRISTEL M 2401 SW 41ST STREET Ocala, FL 34474		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  DATE **4/7/05**

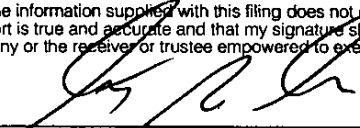
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MGRM Cristel Apodaca 2401 SW 41 St. #203 Ocala, Fl. 34474	
		MGRM Clarence A Hewson 41910 N. Emeralda Isd. Rd. Leesburg, Fl. 34788	

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:  DATE **4/7/05** (352) 624-4390

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