

FILED

Mar 29, 2007 08:00 AM

Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000087044

1. Entity Name
CRISTEL'S JANITORIAL SERVICE, LLC



Principal Place of Business
11648 SW 46TH AVE
OCALA, FL 34476

Mailing Address
PO BOX 772083
OCALA, FL 34477



03222007 No Chg-LLC

CR2E083 (11/06)

4. FEI Number
20-1973816

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

APODACA, CRISTEL M
11648 SW 46TH AVE
OCALA, FL 34476

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

U000000623618
04/05/07-80052-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	APODACA, CRISTEL
STREET ADDRESS	11648 SE 46TH AVE
CITY - ST - ZIP	OCALA, FL 34476
TITLE	MGRM
NAME	HEWSON, CLARENCE A.
STREET ADDRESS	41810 N. EMERALDA ISD. RD.
CITY - ST - ZIP	LEEBSBURG, FL 34788
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 606, Florida Statutes.

SIGNATURE:

Cristel M. Apodaca 3-23-07 352-624-4390

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

Date

Daytime Phone #