2008 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 16, 2008 08:00 Al Secretary of State **DOCUMENT # L04000088901** 1. Entity Name E.C. CLEANING SERVICE L.L.C. Principal Place of Business · Mailing Address 905 SYCAMORE LÂNE 905 SYCAMORE LANE ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 01112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3790640 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YIDI, EDWARD DO NOT WRITE 905 SYCAMORE LANE ALTAMONTE SPRINGS, FL 32714 IN THIS SPACE 8. The above named entity subgrits 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. 17408 SIGNATURE (NOTE: Recustored Agent soneture required when minstrition) U00000787047 FILE NOW!!! FEE IS \$138.75 ni/17/08-80068-013 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME YIDI, EDWARD 905 SYCAMORE LANE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 MGRM YIDI, CECILIA NAME 905 SYCAMORE LANE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 mu NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-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.

NAME STREET ADDRESS CITY-ST-ZIP

1-11-08