

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000860

FILED
Mar 20, 2009
Secretary of State

Entity Name: TURNER & TURNER CLEANING SERVICE AND FLOOR CARE, LLC

Current Principal Place of Business:

1625 CENTERVILLE RD #27
TALLAHASSEE, FL 32308

New Principal Place of Business:

1625 CENTERVILLE RD
#27
TALLAHASSEE, FL 32308

Current Mailing Address:

1625 CENTERVILLE RD #27
TALLAHASSEE, FL 32308

New Mailing Address:

1625 CENTERVILLE RD
#27
TALLAHASSEE, FL 32308

FEI Number: 61-1481397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, TYRES L
2386 GREGORY DR.
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TURNER, JERRY L
Address: 705 DEWEY STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: LEE-TURNER, LORA J
Address: 705 DEWEY STREET
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TURNER, JERRY L
Address: 1625 CENTERVILLE ROAD, #27
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Change () Addition
Name: LEE-TURNER, LORA J
Address: 1625 CENTERVILLE ROAD, #27
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORA J. LEE-TURNER

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date