


FILED
Apr 03, 2006 8:00 am
Secretary of State

03-02-2006 90137 018 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/2/06

| | | | | | |
|--|---------------------------------|---|--|--|--|
| DOCUMENT # L0500005810 | | | |  | |
| 1. Entity Name GREAT NORTHWEST CLEANERS L.L.C. | | | | | |
| Principal Place of Business 1988 EVA PLACE CHIPLEY, FL 32428 | | | Mailing Address 1988 EVA PLACE CHIPLEY, FL 32428 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 02282006 Chg-LLC CR2E063 (11/05) | |
| Zip | | Zip | | Applied For Not Applicable | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DEEM, MICHAEL 1988 EVA PLACE CHIPLEY, FL 32428 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | State 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 <i>Michael Deem</i> | | DATE <i>3/29/06</i> | | | |
| 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| PRESIDENT MICHAEL DEEM 1988 EVA PLACE CHIPLEY, FL 32428 | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| VICE PRESIDENT JENNIFER MORRIS 1988 EVA PLACE CHIPLEY, FL 32428 | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-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 included 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 prosecute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Michael Deem</i> | | DATE: <i>3/29/06</i> | | PHONE: <i>(904) 483-1227</i> | |
| SIGNATURE AND TITLE OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |