

**2009 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000009817

1. Entity Name
FULL LINE CLEANING SERVICE LLC



Principal Place of Business
846 WEST BREVARD STREET
TALLAHASSEE, FL 32304

Mailing Address
846 WEST BREVARD STREET
TALLAHASSEE, FL 32304

FILED

09 SEP 18 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09182009 No Chg-LLC

CR2E083 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HADLEY, FRED C
846 WEST BREVARD STREET
TALLAHASSEE, FL 32304

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 25, 2009**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HADLEY, FRED
846 WEST BREVARD STREET
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

200160836342
09/21/09--01001--017 **138.75

9-18-09

**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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #