


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000010227					
1. Entity Name <b>TOP JOB CLEANING LLC</b>					
Principal Place of Business <b>111 SUMMERWIND CIR. WEST CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>111 SUMMERWIND CIR. WEST CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WHITTINGTON, KATHERINE E</b> <b>111 SUMMERWIND CIR. WEST</b> <b>CRAWFORDVILLE, FL 32327</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 15, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WHITTINGTON, KATHERINE E</b> <b>111 SUMMERWIND CIR. WEST</b> <b>CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Hope Walker</b> <b>111 Summerwind Cir W.</b> <b>Craw, Fla. 32327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BROCK, RACHEL</b> <b>111 SUMMERWIND CIR. WEST</b> <b>CRAWFORDVILLE, FL 32327</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Karen Starba</b> <b>111 Summerwind Cir W.</b> <b>Craw, Fla. 32327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CAUSSEAU, ALICE</b> <b>300 WOODVILLE HWY.</b> <b>CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Amber Morgan</b> <b>111 Summerwind Cir W.</b> <b>Craw, Fla. 32327</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>000079823740</b>  <b>09/14/06--01036--012 **50.00</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Katherine E. Whittington</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>9-12-06</b> <small>Date Daytime Phone #</small>		

**FILED**

**06 SEP 12 PM 2:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



09122006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required