## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nan	MENT # L05000010 B CLEANING LLC	227					06 S	F	LE	D
Principal Plac	ce of Business	Mailing Address				06 SEP 12 PM 2: 39				
	RWIND CIR. WEST 'ILLE, FL 32327	111 SUMMERWIND CIR. WEST Crawfordville, FL 32327			1	SECRETARY OF STATE				
CKAMFORDY	ILLE, FL 32321	CIGAIN GROVICEE, TE 32321			.	THE AHASSEE, FI OPIN.				
2 Deleviore	Name of Discharge	3. Mailing Address		$\mathcal{I} \mathcal{W}$						
2. Principal Place of Business		3. Mailing Address		(/	7 / [\					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del>/ / /</del>		09122006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State		<u> </u>	4. FEI Nur					aplied For
City & State		City di State		#. PEIN		4. PELINOINE	jei			oplied For of Applicable
Zip	Country	Zip Coui		try 5. Cert		5. Certificate	e of Status Desired		\$5.00 Add	
	6. Name and Address of Current Registered Agent		<u> </u>				d Address of New Reg		Fee Require	•d
or Halife and Address of Sarrent Hogisterion Agent						7. Harrie and	Address of Hew Ke	jistereu /	-Aeur	
	STON, KATHERINE E		Street Address (P.O. Box Number is Not Acceptable)							
	MERWIND CIR. WEST RDVILLE, FL 32327		Street Address (P.O. Box Number is Not Acceptable)							
į				City	-			FL	Zip Cod	e
8. The above	e named entity submits this statement for	r the purpose of changing its	registere	ed office or re	eaistere	d agent, or bo	oth, in the State of Florid		amiliar 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										
	ling Fee is \$50.00 by September 15, 2006								ayable to ent of Stat	<b>e</b>
9.	MANAGING MEMBE		10.	. 1			ADDITIONS/C	HANGES	·	
TITLE NAME	MGRM WHITTINGTON, KATHERINE E	☐ Delete	TITLE		30	.p.m	.\ \		☐ Change	<b>□ A</b> 0dition
STREET ADDRESS	111 SUMMERWIND CIR. WEST			ET ADDRESS	111 <	SAWWE	alkel erwind cie	W.		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY	-ST-ZIP (	Crai	N Fla	32327			
TITLE	MGRM	☐ Delete		MARM Y	Kar	er, 2+	arba		☐ Change	Addition
NAME STREET ADDRESS	BROCK, RACHEL 111 SUMMERWIND CIR. WEST		NAM! STRE	ET ADDRESS \	1115	umne	rwind Cie	W -		. [
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327				ra	w flo	(32327			
TITLE	MGRM	☐ Delete		MARM O			Lorgan -		☐ Change	☐ Addition
NAME STREET ADDRESS	CAUSSEAUX, ALICE 300 WOODVILLE HWY.		NAM	E Et address	1115	wmm	ecwind cit	و س٠		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327			-ST-ZIP	Cc	کی سے	W. 5232			
TITLE		☐ Defete	TITLE						☐ Change	☐ Addition
NAME			NAMI	I .			000798	237	74 <u>0</u>	
STREET ADDRESS CITY+ST-ZIP			4	ET ADDRESS -ST-ZIP		09/1	4/0601036-	-012	**50.	on
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME			NAME						در دست	
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CITY-ST-ZIP		□ Palata	TITLE	-ST-ZIP					Chance	Addition
NAME		☐ Delete	NAME						☐ Change	☐ Adultion
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP				-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 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.										
limited lia	fon this report is true and accurate and ability company or the receiver or trustee	that my signature shall have to empowered to execute this	report as	required by	/ Chapte	r 608, Florida	Statutes.	g momoc	or manage	
limited lia	ability company or the receiver or trustee	that my signature shall have the empowered to execute this	report as	required by	t as it ma / Chapte	er 608, Florida	Statutes.	. 1 ام	· or manage	