DOCUMENT #L05000019892



FILED Sep 06, 2007 8:00 am Secretary of State 09-06-2007 90038 020 \*\*\*\*50.00 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Name KARE ALOT CLEANING SERVICES, LLC						ı 				
Principal Place 202 E. LAKE QUINCY, FL	ROAD	Mailing Address 202 E. LAKE ROAD QUINCY, FL 32351	202 E. LAKE ROAD			60055615				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			09042007	Chg-LLC	CR2E	083 (12/06)	
City & State		City & State	City & State			4. FEI Numb			<u> </u>	plied For
Zip	Country	Zip	Count	у	_		of Status Desired		\$5.00 Add	litional
	6. Name and Address of Curr	ent Registered Agent	itered Agent			7. Name and	Address of New R	Registered	<u>·</u>	<u> </u>
				Name						
MARIK, IVAN 202 E. LAKE ROAD QUINCY, FL 32351				Street Address (P.O. Box Number is Not Acceptable)						
QUINCT, I	L 32331									
				City	_			FI	Zip Code	8
	named entity submits this statementions of registered agent.  Signature, typed or printed name of registered a					ed agent, or bo when reinstating)	oth, in the State of Flo	orida. i am	n familiar with,	and accept
Filing Fee is \$50.00 Due by September 14, 2007									payable to ment of State	е
9.	MANAGING MEMBERS/MANAGERS 10						ADDITIONS.	/CHANGE	S	
THE	MGRM	☐ Delete	TITLE						☐ Change	☐ Addition
NAME	MARIK, IVAN		NAME							
STREET ADDRESS CITY+ST-ZIP	202 E. LAKE ROAD			T ADDRESS ST-ZIP						
·	QUINCY, FL 32351			31-217	<del> </del>					- Addison
TITLE NAME	MGRM MARIK, SELICA	☐ Delete	TITLE						☐ Change	Addition Addition
STREET ADDRESS	202 E. LAKE ROAD			T ADDRESS						
CITY ST-ZIP	QUINCY, FL 32351		CITY-	ST-ZIP						
TILLE		☐ Delete	TITLE		M	c. c 00	7.	20	Change	Addition
NAME			NAME		10	7/1/-	A MONT	. 1 61	Ke a	
STREET ADDRESS				T ADDRESS	7	A STATE OF	202 Ea.	stl	KI RI	_
CLTY - ST - ZIP			CITY-	ST-ZIP	<i>P</i>	n	Duity R	<u> 4.</u>	3205 <sub>1</sub>	
THE		☐ Delete	TITLE		<i>וויףיו</i> ן	ชีกขก	1/7	40.1	Change	Addition Addition
NAME STREET ADDRESS			NAME	T ADDRESS	14	<b>1</b>	5 1	160	Rd.	-
C11Y - S1 - ZIP			1	ST-ZIP		202	ersy me	<i>e</i> /	2225	
THLE		☐ Delete	TITLE		<del> </del> -	447	L. M. Cast Li	-/	□ Channe	Molithba [7]
NAME			NAME							
STREET ADDRESS			STREE	t address						
CITY - ST - ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME			NAME							
STREET ADDRESS				T ADDRESS						
CHY-ST-ZIP				ST-ZIP	<u> </u>					
11. I hereby	certily that the information supplied	with this filing does not qualify	for the exer	nptions co	ontained	in Chapter 119	), Florida Statutes. I f	urther cert	ify that the info	rmation

mulcated on this report is true and accurate and that if am a milmited liability company or the seceiver 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, MANAGER, OR AUTHORIZED REPRESENTATIVE