2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

	Ailitoni	- KETOKI		
DOCUMENT # L05000019892 1. Entity Name KARE ALOT CLEANING SERVICES, LLC				OBSEP 12 AM 10: 45 TALLAHASSEE, FLORIDA
Principal Plac	e of Business	Mailing Address	*	TALLADARY I.
		•		THASSER STATE
202 E. LAKE		202 E. LAKE ROAD		LE, FI OR E
QUINCY, FL	32331	QUINCY, FL 32351		ORIDA
				1 1201/01 00 20101 0(4) CEIK 2011 00(6 2010 10(6 10(6 10(6 10))
2 Principal P	lace of Business - No P.O. Box #	2 Maritime Andreas		
z. rancipai r	race of business - No P.O. Box #	3. Mailing Address		
0				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07022008 Chg-LLC CR2E083 (12/06)
				, , , , , , , , , , , , , , , , , , ,
City & State		City & State		4. FEI Number Applied For
				20-3359883 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional
				5. Certificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
MARIK, IV	'AN	ν	<i>)</i>	
202 E. LAI		/ ()	Street Address	ss (P.O. Box Number is Not Acceptable)
QUINCY, I	FL 32351	(1 7/1		
i		V /I	\	ύ'n
		* *)	- City	□ Zip Code
1				FL Zip Code
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.		J .	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 6	lagistered Agent signatura requi	suited when reinstating) DATE
	Signature, typed or printed haire of registered agent	THE I SPACEDIS.	adista an Agait aignatura radu	Over when resistantly)
ļ				
FILE NOWIII-FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to				
Due	by September 12, 2008	liability company did n	iot receive the prior i	notice. Florida Department of State
			- 	
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE	Change Addition
NAME	MARIK, IVAN		NAME	800136100298
STREET ADDRESS	202 E. LAKE ROAD		STREET ADDRESS	800136100298 09/18/0801039006 **138.75
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	00, 10, 00 01000 000 Too. / .
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARIK, SELICA	L Politic	NAME	C. C
STREET ADDRESS	202 E. LAKE ROAD		STREET ADORESS	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	
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TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARIK, IVAN R		NAME	
STREET ADDRESS	202 EAST LAKE RD		STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-SJ-ZIP	
TITLE	MGRM	☐ Delete	TITLE	Change Addition
NAME	MARIK, ROMAN L	_ 5000	NAME	
STREET ADDRESS	202 EAST LAKE RD		STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	
		Π	-	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		· · · ·	CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
11 hereby	certify that the information supplied wit	h this filing does not qualify for the		and in Chapter 119 Florida Statuton I further partity that the information
11. I hereby certify that the information supplied with this filting 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 repeiver or trustee or powered to execute this report as required by Chapter 608, Florida Statutes.				
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
	V /	$\langle \ \ \rangle$ //		C
SIGNATURE: 8-4-08 945-6839				
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME	OE SIGNING MANAGING MEMBER	CER OR AUTHORIZED DE	
1	SIGNATURE AND TIFED OR PRINTED NAME	or oroning managing wember, MANA	GEN, OR RUINURIZED REPR	RESENTATIVE Date Daytime Phone #