## **2006 LIMITED LIABILITY COMPANY**

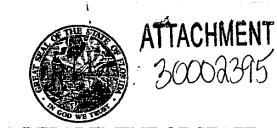
## **FILED** Mar 14, 2006 8:00 am Secretary of State

02-13-2006 90187 020 \*\*\*\*55.00

ANNUAL REPORT		
DOCUMENT # L05000027849  1. Entity Name DO RITE DETAIL CLEANING, LLC		
Principal Place of Business 2163 SO. SAN MATEO STREET NORTH PORT, FL 34288	Mailing Address 2163 SO. SAN MATEO STREET NORTH PORT, FL 34288	

30002395 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, stc. 02012006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable Country Zlp Country Zlp \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEE WOLF, JANET Street Address (P.O. Box Number is Not Acceptable) 2163 SO. SAN MATEO STREET NORTH PORT, FL 34288 25 To 12 Zip Code 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 Square, typed or printed neme of registered open and title if applicable (MOTE: Registered Agent algheture required when re-netating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Addition IIILE Delete Change LEE WOLF, JANET NAME NAME STREET ADDRESS 2163 SO. SAN MATEO STREET STREET ADDRESS NORTH PORT, FL 34288 CITY-ST-78 CITY-S1-ZP TITLE Deteta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZP IME ☐ Debete TITLE ☐ Channe ☐ Addition NAME KAMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Deleta - Change --- Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP ☐ Deletz TIFLE Change Addition IIILE MAMF MALAF STREET ADDRESS STREET ADDRESS C11Y-51-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP 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 cartify 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: ALL COMPANIES AND THE DO OF PRINTED MAKE OF EIGHING MAKAGING MEMBER, MAKAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

DO RITE DETAIL CLEANING, LLC 2163 SO. SAN MATEO STREET NORTH PORT, FL 34288

Subject: DO RITE DETAIL CLEANING, LLC

Reference Number:

L05000027849

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION