

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90144 038 *****55.00

DOCUMENT # L05000029392 1. Entity Name HONEY BEE MOBILE CLEANING SERVICES LLC					
Principal Place of Business 4571 SOUTH KIRKMAN RD #4 ORLANDO, FL 32811			Mailing Address 4571 SOUTH KIRKMAN RD #4 ORLANDO, FL 32811		
2. Principal Place of Business 1050 McCallan St Kissimmee		3. Mailing Address PO Box 452556 Kissimmee			
City & State Kissimmee FL		City & State Kissimmee FL		4. FEI Number 202 42 8537	
Zip 34741		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CATO, EDUARDO W 4571 SOUTH KIRKMAN RD #4 ORLANDO, FL 32811			7. Name and Address of New Registered Agent CATO EDUARDO W. 1050 McCallan St Kissimmee FL 34741		
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  (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATO, EDUARDO W 4571 SOUTH KIRKMAN RD ORLANDO, FL 32811		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATO, EDUARDO W 1050 McCallan St Kissimmee FL 34741		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATO, EDUARDO W 4571 SOUTH KIRKMAN RD ORLANDO, FL 32811		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATO, EDUARDO W 1050 McCallan St Kissimmee FL 34741		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATO, EDUARDO W 4571 SOUTH KIRKMAN RD ORLANDO, FL 32811		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATO, EDUARDO W 1050 McCallan St Kissimmee FL 34741		<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.					
SIGNATURE 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					