

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:10

2008
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOS000029392

1. Limited Liability Company's Name

Honey Bee Mobile cleaning services

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

135 Knotts Lane

Suite, Apt. #, etc.

#A

City & State

Kissimmee FL

Zip

34743

Country

USA

3. Mailing Office Address

PO Box 432556

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34745-USA

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-2428537

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

EDWARD CATO

Street Address (P.O. Box Number is Not Acceptable)

135 Knotts Lane

Suite, Apt. #, Etc.

A

City

Kissimmee

State

FL

Zip Code

34743

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|------------|--------------------------------------|---|---------------------------|
| <u>mgr</u> | <u>Edward CATO</u> | <u>135 Knotts Lane #A</u> | <u>Kissimmee FL 34743</u> |
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when
filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that
all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect
as if made under oath.

Signature of
Managing Member/Manager

Date

4/14/08

Daytime Phone #

321 746 1311

Typed or printed name of signing Managing Member/Manager

EDWARD CATO