

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-26-2006 90068 048 ****50.00

DOCUMENT # L05000030526 1. Entity Name PLANTATION CARPET CLEANING LLC					
Principal Place of Business 10621 NW 67TH WAY ALACHUA FL 32615			Mailing Address 612 TURKEY CREEK ALACHUA FL 32615		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2573920	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ACKERMAN, MARK 612 TURKEY CREEK ALACHUA FL 32615			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)</small>		
SIGNATURE			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES ACKERMAN, MARK 10621 NW 67TH WAY ALACHUA FL 32615		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 Section 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: <u>Mark R Ackerman</u> <u>2-17-06</u> <u>386-418-0003</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



ATTACHMENT

30000910

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

PLANTATION CARPET CLEANING LLC
612 TURKEY CREEK
ALACHUA, FL 32615

Subject: **PLANTATION CARPET CLEANING LLC**

Reference Number: **L05000030526**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

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.

/JE

ANNUAL REPORTS SECTION