


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90031 048 ****50.00

DOCUMENT # L05000033791	
1. Entity Name MAID FOR YOU, LLC	

Principal Place of Business 210 JOHNNYCAKE DR. NAPLES, FL 34110	Mailing Address 210 JOHNNYCAKE DR. NAPLES, FL 34110
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2. Principal Place of Business 220 18th Ave NW Suite, Apt. #, etc. Naples City & State Naples FL Zip 34120 Country USA	3. Mailing Address 220 18th Ave NW Suite, Apt. #, etc. Naples City & State Naples FL Zip 34120 Country USA
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04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2634028	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MERRIAM, MONICA F 210 JOHNNYCAKE DR. NAPLES, FL 34110	7. Name and Address of New Registered Agent Name Merriam, Monica F Street Address (P.O. Box Number is Not Acceptable) 220 18th Ave NW City Naples FL Zip Code 34120
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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 *Monica F Merriam* DATE **4-10-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRIAM, MONICA F 210 JOHNNYCAKE DR. NAPLES, FL 34110 <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	MGRM MERRIAM, CASEY J 210 JOHNNYCAKE DR. NAPLES, FL 34110 <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 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: *Monica F Merriam* Date **4-10-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE