

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043546

FILED
Apr 26, 2007
Secretary of State

Entity Name: LUCAS CARPET CLEANING LLC

Current Principal Place of Business:

6113 RALEIGH ST.
405
ORLANDO, FL 32835

New Principal Place of Business:

1050 WINDY WAY
APOPKA, FL 32703

Current Mailing Address:

6113 RALEIGH ST.
405
ORLANDO, FL 32835

New Mailing Address:

1050 WINDY WAY
APOPKA, FL 32703

FEI Number: 20-2794514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUZA, ANDREA F
6113 RALEIGH ST.
405
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SOUZA, ANDREA F
1050 WINDY WAY
APOPKA, FL 32703 US

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.

SIGNATURE: ANDREA SOUZA

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOUZA, ANDREA F
Address: 6113 RALEIGH ST. #405
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: ALMEIDA, GILVAN M
Address: 6113 RALEIGH ST. #405
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOUZA, ANDREA F
Address: 1050 WINDY WAY
City-St-Zip: APOPKA, FL 32703

Title: MGRM (X) Change () Addition
Name: ALMEIDA, GILVAN M
Address: 1050 WINDY WAY
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREA SOUZA

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date