

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90018 046 ****50.00

DOCUMENT # **LOS000044825**
1. Entity Name
IMPACT CLEANERS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1857 W WINDY WAY		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32259	Country USA	Zip	Country

4. FEI Number 11-3748591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City FL	Zip Code

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 *Michele Spitzer* **MICHELE SPITZER MEMBER** **4-17-06**
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1	
---	--

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHELE SPITZER 1857 W WINDY WAY JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THERESA HENDRIX 405 MALLOW BRANCH JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YVETTE HANEY 247 BEECH BROOK JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Michele Spitzer* **MICHELE SPITZER MEMBER** **4-17-06** **9044349472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)