2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L05000044825

Entity Name: IMPACT CLEANERS LLC

Current Principal Place of Business:

1857 W. WINDY WAY
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1857 W, WINDY WAY
JACKSONVILLE, FL 32259

New Mailing Address:

1857 W. WINDY WAY
JACKSONVILLE, FL 32259

FEI Number: 11-3748591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPITZER, MICHELE
1857 W. WINDY WAY
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SPITZER, MICHELE R
Address: 1857 W. WINDY WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete
Name: HANEY, YVETTE L
Address: 247 BEECH BROOK
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Delete
Name: HENDRIX, TERESA J
Address: 405 MALLOW BRANCH
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: HENDRIX, TERESA J
Address: 6358 GREEN MYRTLE DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHELE SPITZER MGR 04/27/2009

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