



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90085 034 \*\*\*\*50.00

<b>DOCUMENT # L05000049241</b> 1. Entity Name <b>SCHUMACHER CLEANING SERVICE LLC</b>					
Principal Place of Business <b>15664 72ND COURT NORTH LOXAHATCHEE, FL 33470</b>			Mailing Address <b>15664 72ND COURT NORTH LOXAHATCHEE, FL 33470</b>		
2. Principal Place of Business <b>15664 72nd Ct N</b> Suite, Apt. #, etc.		3. Mailing Address <b>15664 72nd Ct N</b> Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">20051602</div> 	
City & State <b>Loxahatchee FL</b>		City & State <b>Loxahatchee, FL</b>		4. FEI Number <b>20-2862879</b>	
Zip <b>33470</b> Country <b>USA</b>		Zip <b>33470</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Tenka</i></u> <u><i>Rd</i></u> <u><i>7/7/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERSAUD, TEEKADAI 15664 72ND COURT NORTH LOXAHATCHEE, FL 33470			<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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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: <u><i>Tenka Rd</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u><i>7/7/06</i></u> <u><i>561-249-4326</i></u> <small>Date Daytime Phone #</small>	