2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 30, 2006 8:00 am
Secretary of State
04-28-2006 90015 006 ****50.00

DOCUMENT # L05000052530

1. Entity Name

THE CLEANING PROFESSIONALS, LLC

Principal Place of Business	Mailing Address
308 E. FIRST AVENUE CRESTVIEW FL 32536	P.O. BOX 1027 CRESTVIEW FL 32536-1027

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
10384 Double R Ranch Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holt, Fl.	City & State
Zip: 32564 / Country: USA	Zip / Country

4. FEI Number: 36-4575037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOURNIER, NATALINA
10384 DOUBLE R RANCH RD.
HOLT FL 32564

7. Name and Address of New 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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOURNIER, NATALINA 10384 DOUBLE R RANCH ROAD HOLT FL 32564	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Natalia Fournier 4-15-06 850 974-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #