

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056374

FILED
May 25, 2009
Secretary of State

Entity Name: NOOK & KRANNY CLEANING SERVICE LLC

Current Principal Place of Business:

2712 SHONI DR
NAVARRE, FL 325666668

New Principal Place of Business:

Current Mailing Address:

2712 SHONI DR
NAVARRE, FL 325666668

New Mailing Address:

FEI Number: 32-0151630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROLLMAN, KEVIN
2712 SHONI DR
NAVARRE, FL 325666668 US

Name and Address of New Registered Agent:

ROLLMAN, KEVIN E
2712 SHONI DR
NAVARRE, FL 325666668 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: KEVIN E ROLLMAN

05/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROLLMAN, KEVIN
Address: 2712 SHONI DR
City-St-Zip: NAVARRE, FL 325666668

Title: MGRM () Delete
Name: ROLLMAN, PATRICIA
Address: 2712 SHONI DR
City-St-Zip: NAVARRE, FL 325666668

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROLLMAN, KEVIN E
Address: 2712 SHONI DR
City-St-Zip: NAVARRE, FL 325666668

Title: MGRM (X) Change () Addition
Name: ROLLMAN, PATRICIA L
Address: 2712 SHONI DR
City-St-Zip: NAVARRE, FL 325666668

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: KEVIN E ROLLMAN

MGR

05/25/2009

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