


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC -4 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L05000060093	
1. Entity Name WILLIAM CREEDS CLEANING LLC	

Principal Place of Business 168 PARK AVE TAVERNIER, FL 33070	NO	Mailing Address 168 PARK AVE TAVERNIER, FL 33070
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2. Principal Place of Business - No P.O. Box # 711 Bertrend St	3. Mailing Address 711 Bertrend St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Englewood FLA	City & State Englewood FLA
Zip 34223	Zip 34223
Country USA	Country USA

10182007 REIN-LLC CR2E101 (1/07)

4. FEI Number 59-3640508	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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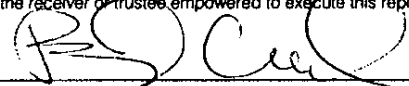
6. Name and Address of Current Registered Agent CREED, WILLIAM K JR 168 PARK AVE TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name Creed William JR Street Address (P.O. Box Number is Not Acceptable) 711 Bertrend St City Englewood FL Zip Code 34223	
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8. 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 	DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CREED, WILLIAM K JR 168 PARK AVE TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400112663234 11/28/07--01045--010 **155.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Creed, William JR 711 Bertrend St Englewood FLA 34223 <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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: 	11-22-07 941-415-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #