


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90018 008 ***138.75

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| DOCUMENT # L05000066044 |  |
| 1. Entity Name RAYMOND E. SMITH JANITORIAL, LLC | |

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| Principal Place of Business 8961 SE Eaglewood Way Hobe Sound, FL 33455 | Mailing Address 8961 SE Eaglewood Way Hobe Sound, FL 33455 |
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| 2. Principal Place of Business - No P.O. Box # (Same as Above) | 3. Mailing Address (Same as Above) |
| Suite, Apt. #, etc. (Same as Above) | Suite, Apt. #, etc. |
| City & State Same as Above | City & State Hobe Sound, FL 33455 |
| Zip 33455 | Country USA |

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| 01062008 Chg-LLC | CR2E083 (12/06) |
| 4. FEI Number 20-3149950 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | |
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| 7. Name and Address of New Registered Agent Name N.A. 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 | DATE |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | 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 | MGR SMITH, RAYMOND E 8961 SE Eaglewood Way Hobe Sound, FL 33455 <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 | ST SMITH, RAYMOND E 8961 SE Eaglewood Way Hobe Sound, FL 33455 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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>Raymond E. Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Raymond E. Smith Date <u>JAN 7, 2008</u> (772)-349-1532 Daytime Phone # |