

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000074875

FILED  
Nov 10, 2007  
Secretary of State

Entity Name: IDEAL CLEANING SERVICES LLC

**Current Principal Place of Business:**

MOBILE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

4537 PHILIDELPHIA CIRCLE  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

2394 GREAT HARBOR DRIVE  
KISSIMMEE, FL 34746 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

ORTIZ, PRINCESS  
4537 PHILIDELPHIA CIRCLE  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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: PRINCESS ORTIZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ORTIZ, PRINCESS  
Address: 4537 PHILIDELPHIA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM (X) Delete  
Name: CACERES, RAFAEL A JR  
Address: 4537 PHILIDELPHIA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PRINCESS ORTIZ

MG

11/10/2007

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