

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074957

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** RAQUEL'S CLEANING SERVICE LLC

**Current Principal Place of Business:**

36 CHATELAINE CIRCLE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

59 FERRY RD NE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

36 CHATELAINE CIRCLE  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

59 FERRY RD NE  
FORT WALTON BEACH, FL 32548

FEI Number: 20-3228509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVA, RAQUEL L  
500 KELLY MILL RD  
VALPARAISO, FL 32580 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: SILVA, RAQUEL L  
Address: 500 KELLY MILL DR  
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM ( ) Delete  
Name: SIQUEIRA, ANDRE LUIS  
Address: 500 KELLY MILL RD.  
City-St-Zip: VALPARAISO, FL 32580

**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: RAQUEL SILVA

MGR

04/28/2008

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