2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	MENT # L05000076 s cleaning llc		FILED						
						06 SEP -5 PM 12: 38			
Principal Place	e of Business	Mailing Address			SECRETA ON				
2319 CHAIRES CROSS RD. TALLAHASSEE, FL 32317		2319 CHAIRES CROSS RD. Tallahassee, FL 32317			SECRETARY OF STATE TALLAHASSEE.FLORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09052006	Chg-LLC	CR2E0	33 (11/05)	
City & State		City & State			4. FEI Numb	er			oplied For
Zip	Country	Zip Coun		try 5. Certifica		of Status Desired		\$5.00 Add	
	6. Name and Address of Current I	Registered Agent		Name of the second	7. Name and	Address of New I	Registered A	gent	
MCCALVIN, GLENDA B				Name					
2319 CHAI	RES CROSS RD. SSEE, FL 32317			Street Address (s (P.O. Box Number is Not Acceptable)				
		City		City				Zip Cod	е
9 The shows	named antity submits this statement for	the purpose of changing its	rogistore		rod agent or he	ath in the State of El	FL	<u> </u>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Fili Due b	ing Fee is \$50.00 ry September 6, 2006						ke check pa a Departme	•	e
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCALVIN, GLENDA B 2319 CHAIRES CROSS RD. TALLAHASSEE, FL 32317	☐ Delete			1 09/1	00079 2/060106	728: 0011	□ Change ⊇□ 1 **50.	☐ Addition
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TTLE NAME TREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	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: MCCalces 9-5-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Prond #									