

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90016 006 ****50.00

DOCUMENT # L05000079799

1. Entity Name

A TOUCH OF CLASS CLEANING SERVICE, LLC



Principal Place of Business

850 S. TAMiami TRAIL
422
SARASOTA FL 34236
US

Mailing Address

850 S. TAMiami TRAIL
422
SARASOTA FL 34236
US



2. Principal Place of Business

4370 S. Tamiami Trail
Suite, Apt. #, etc.
307

3. Mailing Address

P.O. Box 15408
Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34231

Country

USA

Zip

34277

Country

USA

4. FEI Number

830436460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

DENNEY, JERRY
850 S. TAMiami TRAIL
422
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Jerry Denney
Street Address (P.O. Box Number is Not Acceptable)
671 Venice Lane
City Sarasota FL Zip Code 34242

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DESMOND, REBECCA S
450 S. TAMiami TRAIL #422
SARASOTA FL 34236

10. ADDITIONS/CHANGES

TITLE vice-president ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Rebecca Desmond
671 Venice Lane
Sarasota, Florida 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rebecca S. Desmond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-1-06 941-809-8063

Date

Daytime Phone #