


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90107 021 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000079799</b>                                  |  |
| 1. Entity Name<br><b>A TOUCH OF CLASS CLEANING SERVICE, LLC</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>4370 S TAMiami TrL<br/>307<br/>SARASOTA FL 34231<br/>US</b> | Mailing Address<br><b>POB 15408<br/>SARASOTA FL 34277<br/>US</b> |
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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>574 Cody CaledOR.</b> | 3. Mailing Address<br><b>P.O. Box 1937</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                        |


|   |  |
|---|--|
| City & State<br><b>Winter Haven FLA</b> | City & State<br><b>Eagle Lake, FLA</b> |
| Zip<br><b>33884</b>                     | Zip<br><b>33839</b>                    |
| Country<br><b>US</b>                    | Country<br><b>US</b>                   |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>83-0436460</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DENNEY, JERRY<br/>671 VENICE LN<br/>SARASOTA FL 34242</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

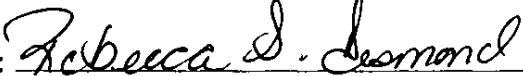
|   |                     |
|---|---------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                     |
| SIGNATURE   | DATE <b>4-17-07</b> |

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| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By May 1, 2007</b>                                |  |

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DESMOND, REBECCA<br>671 VENICE LANE<br>SARASOTA FL 34242 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |
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|   |                     |                                     |
|---|---------------------|-------------------------------------|
| SIGNATURE:         | DATE <b>4-17-07</b> | DAYTIME PHONE # <b>863-412-2405</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                     |                                     |