2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 15, 2006 8:00 am
Secretary of State
05-05-2006 90023 030 ****50.00

DOCUMENT # L05000082843

1. Entity Name
TWEETY CLEANING LLC

Principal Place of Business	Mailing Address
1325 HASKER CIRCLE ST. CLOUD FL 34771	1325 HASKER CIRCLE ST. CLOUD FL 34771

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1325 Hasker Circle	1325 Hasker circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FL.	City & State: St. Cloud, FL
Zip: 34771 Country:	Zip: 34771 Country:

4. FEI Number: 41-2182630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITTMAN, ANGELA L 1325 HASKER CIRCLE ST.CLOUD FL 34771	Name: Angela L. Pittman Street Address (P.O. Box Number is Not Acceptable): 1325 Hasker Circle City: St. Cloud FL Zip Code: 34771

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: Angela L. Pittman — 4/25/06
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Angela L. Pittman 1325 Hasker CIR. St. Cloud FL 34771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Angela L. Pittman — 4/25/06 — 321-624-3986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #