2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006
Secretary of State

DOCUMENT# L05000098565

Entity Name: A & D CLEANING SERVICE LLC

Current Principal Place of Business:

178 KIT DR
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

178 KIT DR
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 20-3582908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTERSON, AMY
178 KIT DR
CRESTVIEW, FL 32536 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: MGRM ( ) Delete
Name: PATTERSON, AMY
Address: 178 KIT DR
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM ( ) Delete
Name: AL-ODAT, DAPHNE
Address: 178 KIT DR
City-St-Zip: CRESTVIEW, FL 32536

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: CONNELL, REBA
Address: 3114 CORBIN SPRINGS RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY PATTERSON MGRM 08/30/2006

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