

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109400

**FILED**  
**Jan 03, 2006**  
**Secretary of State**

**Entity Name:** SPICK N' SPAN CLEANING, LLC

**Current Principal Place of Business:**

7919 MAGNOLIA BEND CT.  
KISSIMMEE, FL 34747 US

**New Principal Place of Business:**

3501 WEST VINE ST  
SUITE 389  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

7919 MAGNOLIA BEND CT.  
KISSIMMEE, FL 34747 US

**New Mailing Address:**

14900 E ORANGE LAKE BLVD  
#105  
KISSIMMEE, FL 34747 US

FEI Number: 20-3767772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS, R B  
7919 MAGNOLIA BEND CT.  
KISSIMMEE, FL 34747 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: WILLIAMS, R B  
Address: 7919 MAGNOLIA BEND CT.  
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, K M  
Address: 7919 MAGNOLIA BEND CT.  
City-St-Zip: KISSIMMEE, FL 34747 US

**ADDITIONS/CHANGES:**

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

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

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: RICHARD WILLIAMS

MGRM

01/03/2006

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