2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Zip	DOCUMENT # L05000113461 1. Entity Name JENNY'S CLEANING SERVICE LLC				O7 AUG 22 AM 10: 01 SECRE TARY OF		
Suite, Apt. #, etc. Chy & State Chy & State Chy & State Legisland Country	403 SABAL C	OURT	403 SABAL COURT	304			
City & State Country Signification of Status Desired Street Address of Current Registered Agent Name BILLINGSLEY, GENEVA W 4.5 Et Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		08222007 Chg-LLC	CR2E083 (12/06)	
S. Certificate of Status Desired \$5. Certificate of Status Desired \$5. SUN Addition \$6. Name and Address of New Registered Agent \$7. Name and Address of New Registered Agent \$1. Name \$1.						Applied For Not Applicable	
BILLINGSLEY, GENEVA W 403 SABAL COURT TALLAHASSEE, FL 32304 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by 3eptember 14, 2007 BK Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS IDLE MAKE BILLINGSLEY, GENEVA W 403 SABAL COURT TALLAHASSEE, FL 32304 Delete IDLE MAKE SIRET ADDRESS CITY-ST-2P IDLE MAKE SIRET ADDRESS CITY-ST-2	Zip	Country	Zip	Country	5. Certificate of Status Desired	Fee Required	
A3 SABAL COURT TALLAHASSEE, FL 32304 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 the obligations of registered agent. SiGNATURE Filling Fee is \$50,00 Due by 3eptember 14, 2007 BK Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS TITLE MARE BILLINGSLEY, GENEVA W SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDR		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Agent	
City	403 SABAL	_ COURT		Street Address		(P.O. Box Number is Not Acceptable)	
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 Rovida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature types or private raise of registered agent and title if applicable. (NOTE Registered Agent Mignature required when revealabing) Date ### Private Provides Private Privat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		O.L.		- Tip Code	
The obligations of registered agent. SIGNATURE Filing Fee is \$50.00 Due by September 14, 2007 BK MANAGING MEMBERS/MANAGERS ITILE MARE MARE MARE MANAGING MEMBERS/MANAGERS ITILE MARE MANAGING MEMBERS/MANAGERS ITILE MARE MARE MARE MANAGING MEMBERS/MANAGERS ITILE MARE MA	The above named entity submits this statement for the purpose of changing its re			'	tered agent, or both, in the State of F	FL	
Filing Fee is \$50.00 BK Make check payable to Florida Department of State	the obligati				·		
Bue by September 14, 2007 September 14, 2007 BK Florida Department of State	SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Ch	Filing Fee is \$50.00 Due by September 14, 2007		BK		•		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informat 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TALLAHASSEE, FL 32304	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	00/20/01 01030	Change Addition Change Addition Change Addition	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER/OF AUTHORIZED REPRESENTATIVE OSIG DayInto Phone #	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report is true and accurate and	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE The exemptions contained the same legal effect as in the same legal ef	ed in Chapter 119, Florida Statutes, i	Change Addition Change Addition Change Addition Change Addition Change Addition	