2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2006 8:00 am
Secretary of State
08-04-2006 90086 017 ****50.00

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DOCUMENT # L05000116404

1. Entity Name

DUSTBUSTERS CLEANING SERVICE LLC

Principal Place of Business	Mailing Address
8616 SHIRLEY DR. TEMPLE TERRACE FL 33617	8616 SHIRLEY DR. TEMPLE TERRACE FL 33617

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
27800 BREAKERS DR.	SAME
Suite, Apt. #, etc. WHESLEY CHAPEL, FL	Suite, Apt. #, etc.
City & State 33543	City & State
Zip / Country	Zip / Country

4. FEI Number: 86-1155803 ☐ 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
LEO, ROGERIO G 8616 SHIRLEY DR. TEMPLE TERRACE FL 33617	Name: ROGERIO GUILHERME LEO Street Address (P.O. Box Number is Not Acceptable): 27800 BREAKERS DRIVE City: WHesley Chapel FL Zip Code: 33543

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: (ROGERIO G. LEO) August 1st 2006
(Signature, Typed or Printed Name of Agent and Title if applicable) (NOTE: Registered Agent's signature required when executed.) 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	MGR LEO, ROGERIO G 8616 SHIRLEY DR. TEMPLE TERRACE FL 33617	☐ Delete	27800 BREAKERS DR WHesley Chapel, FL 33543	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: ROGERIO G. LEO 08/01/2006 (813) 876 3621 (813) 382 3816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #