


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90079 015 ***138.75

DOCUMENT # L05000120098 1. Entity Name CLEANING SERVICES & PAINTING, LLC					
Principal Place of Business 20 MALLET RD. FREEPORT, FL 32439			Mailing Address 20 MALLET RD. FREEPORT, FL 32439		
2. Principal Place of Business - No P.O. Box # 781 Bay Grove Rd Suite, Apt. #, etc.		3. Mailing Address 781 Bay Grove Rd Suite, Apt. #, etc.			
City & State Freeport FL Zip 32436		City & State Freeport FL Zip 32439		4. FEI Number NOT APPLICABLE	
Country Wolton		Country Wolton		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONGLETON, BRAD 50 UPTOWN GRAYTON CIRCLE #15 SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, LAURA D 20 MALLET RD FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, JOSE A 20 MALLET RD FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, CYNTHIA 20 MALLET RD FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, LOUIA D. 781 Bay Grove Rd Freeport FL 32439	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, JOSE A. 781 Bay Grove Rd Freeport FL 32439	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, CYNTHIA 781 Bay Grove Rd Freeport FL 32439	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, LOUIA D. 781 Bay Grove Rd Freeport FL 32439	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, JOSE A. 781 Bay Grove Rd Freeport FL 32439	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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: <u>Laguiler</u> 1/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					