

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90133 022 \*\*\*\*50.00

|   |  |   |   |                                       |  |
|---|--|---|---|---------------------------------------|--|
| <b>DOCUMENT # L05000120729</b>  |  |   |   |                                       |  |
| <b>1. Entity Name</b><br><b>COMMERCIAL JANITORIAL SERVICES &amp; MAINTENANCE, LLC</b>   |  |   |   |                                       |  |
| <b>Principal Place of Business</b><br>216 SE 12TH STREET<br>DEERFIELD BEACH, FL 33441   |  |   | <b>Mailing Address</b><br>216 SE 12TH STREET<br>DEERFIELD BEACH, FL 33441   |                                       |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>   |   |                                       |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |                                       |  |
| City & State  |  | City & State  |   |                                       |  |
| Zip   | Country  | Zip   | Country   | <b>4. FEI Number</b> <u>203961507</u> |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |   | <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>AGHYARIAN, VAROUJ<br>216 SW 12TH STREET<br>DEERFIELD BEACH, FL 33441  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                       |  |
| <b>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.</b>   |  |   |   |                                       |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____   |  |   |   |                                       |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |  | <b>Make check payable to Florida Department of State</b>          |   |                                       |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>  |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>AGHYARIAN, VAROUJ<br>216 SE 12TH STREET<br>DEERFIELD BEACH, FL 33441 | <input type="checkbox"/> Delete                                   |   |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                       |  |
| <b>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.</b> |  |   |   |                                       |  |
| <b>SIGNATURE:</b> <u>Varouj Ashyarian</u>   |  |   |   | <b>2/28/07 954471-6409</b>            |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |   |   | Date Daytime Phone #                  |  |