

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120789

FILED  
Jul 11, 2006  
Secretary of State

**Entity Name:** TRIFECTA CLEANING COMPANY, LLC

**Current Principal Place of Business:**

6000 ISLAND BLVD  
SUITE 101  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

6000 ISLAND BLVD  
SUITE 101  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 20-3966179      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WASSERSTROM, ELLEN  
100 W. CYPRESS CREEK ROAD  
STE. 700  
FORT LAUDERDALE, FL 33309 US

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

KLEIN, ADAM  
6000 ISLAND BLVD  
101  
AVENTURA, FL 33160 US

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: ADAM KLEIN

07/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KLEIN, ADAM  
Address: 19501 W. COUNTRY CLUB DRIVE, #2013  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JOSEPH, MORALES  
Address: 19501 W. COUNTRY CLUB DRIVE, #2013  
City-St-Zip: AVENTURA, FL 33180

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: ADAM KLEIN

MGR

07/11/2006

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