

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003318

FILED
Apr 29, 2008
Secretary of State

Entity Name: L & D'S QUALITY CLEANING SERVICE, LLC

Current Principal Place of Business:

503 IVEY LN
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

503 IVEY LN
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 83-0460552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, LORRAINE
503 IVEY LN
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAMIREZ, LORRAINE
Address: 503 IVEY LN
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: SPLENDORIO, DOMINICK
Address: 503 IVEY LN
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: SHEPHERD, JAMEY
Address: 503 IVEY LN
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: PAUP, DOREEN
Address: 503 IVEY LN
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: RAMIREZ, JAY
Address: 503 IVEY LN
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: INGLESE, PHILLIPS
Address: 10854 WILD COTTON CT.
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LORRAINE RAMIREZ

MGRM

04/29/2008

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