2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 02, 2007 8:00 am DOCUMENT # L06000005527 **Secretary of State** 1. Entity Name 02-02-2007 90037 001 ****50.00 DIANE L. FREDENBURG CLEANING, LLC Principal Place of Business Mailing Address 13190 NE 1ST STREET ROAD 13190 NE 1ST STREET ROAD SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34488 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-4126632 Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREDENBURG, DIANE L Street Address (P.O. Box Number is Not Acceptable) 13190 NE 1ST STREET ROAD SILVER SPRINGS FL 34488 City Zip Code 8. The above named ontity 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES 0111MGRM Delete HILL Change Addition FREDENBURG, DIANE L NAME NAMI STREET ADORESS S [DELTADORESS 13190 NE 1ST STREÉT ROAD CHY-ST ZIP SILVER SPRINGS FL 34488 CITY ST /IP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY+S1-7IP CITY ST ZIP 1111.0 ☐ Delete ☐ Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY SI-ZIP dti+5i ziP ☐ Delete ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Change ☐ Delete THE Addition TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY ST 7P Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY SLZP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED