

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90012 026 ****50.00

DOCUMENT # L06000006808

1. Entity Name:

PRESTIGE CLEANING OF SW FLORIDA, LLC



Principal Place of Business

1010 SW 11 AVENUE
CAPE CORAL FL 33991
US

Mailing Address

1010 SW 11 AVENUE
CAPE CORAL FL 33991
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

City & State

4. FEI Number

03-0539106

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCRAE-LEEMAN, SHEILA H
1010 SW 11 AVENUE
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name SHEILA H. LEEMAN

Street Address (P.O. Box Number is Not Acceptable)

1010 SW 11TH AVENUE

City CAPE CORAL

FL

Zip Code 33991

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

Sheila H. Leeman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/2007

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Change ☒ Addition
NAME SHEILA H. LEEMAN
STREET ADDRESS 1010 SW 11TH AVENUE
CITY - ST - ZIP CAPE CORAL, FLORIDA 33991

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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:

Sheila H. Leeman

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

7.20.07 (239)243-5265

DATE Daytime Phone #