


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90063 012 ****55.00

DOCUMENT # L06000006830	
1. Entity Name DENIESE'S CLEANING SERVICES ,L.L.C	

Principal Place of Business 225 JOLLY BAY ROAD FREEPORT, FL 32439 US	Mailing Address 225 JOLLY BAY ROAD FREEPORT, FL 32439 US
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2. Principal Place of Business - No P.O. Box # 43 E Fishermans Rvn	3. Mailing Address 43 E Fishermans Rvn
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Freeport, Florida	City & State Freeport, FL
Zip 32439	Zip 32439
Country USA	Country USA

00011010



04012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5640880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DINKINS, DENIESE 225 JOLLY BAY ROAD FREEPORT, FL 32439		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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 *Denise Dinkins* DATE *4/22/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINKINS, DENIESE 225 JOLLY BAY ROAD FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVERY, MARGARET 193 WHITE OAK LANE FREEPORT, FL 32439 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Denise Dinkins* DATE *4/22/07* DAYTIME PHONE # *850-835-4687*

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