






2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90218 010 ****55.00

DOCUMENT # L06000007208 1. Entity Name ALL-CLEAR WINDOW CLEANING, LLC.					
Principal Place of Business 4733 S. DAWN MEADOW CT. PLANT CITY, FL 33566 US			Mailing Address 4733 S. DAWN MEADOW CT. PLANT CITY, FL 33566 US		
2. Principal Place of Business - No P.O. Box # 11430 Knights Griffin Rd Suite, Apt. #, etc.		3. Mailing Address 11430 Knights Griffin Rd. Suite, Apt. #, etc.			
City & State Thonotosassa, FL		City & State Thonotosassa, FL		4. FEI Number 20-4163492	
Zip 33592		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAZAR, RUBIN 4733 S. DAWN MEADOW CT. PLANT CITY, FL 33566 			7. Name and Address of New Registered Agent Name Ruben Salazar Sr. Street Address (P.O. Box Number is Not Acceptable) 11430 Knights Griffin Rd. City Thonotosassa FL Zip Code 33592		
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  DATE 2-12-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALAZAR, RUBIN 4733 S. DAWN MEADOW CT. PLANT CITY, FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALAZAR, RUBIN 11430 Knights Griffin Rd. Thonotosassa, FL 33592
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: 				2-12-07 813-781-0703	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	