FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90227 041 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000011950

1. Entity Name
EXTREME CLEANING, LLC

Principal Place of Business
1489 NW 129 WAY
SUNRISE, FL 33323

Mailing Address
1489 NW 129 WAY
SUNRISE, FL 33323

60032710

04022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		8595 collier Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #107-4-	
City & State		City & State NAPLES, FL	
Zip	Country	Zip 34114	Country U.S.A

4. FEI Number 20-4227566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUARTE, ART
1489 NW 129 WAY
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name

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

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

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 DUARTE, ART 1489 NW 129 WAY SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Art D