

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000015523

1. Entity Name
FAT BOY CLEANING LLC



Principal Place of Business
2005 MARVIN AVE
PORT ST JOE, FL 32456

Mailing Address
2005 MARVIN AVE
PORT ST JOE, FL 32456

FILED
Aug 06, 2008 08:00 AM
Secretary of State



08022008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3640094	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PADILLA, SADIK
2006 LONG AVE
PORT ST JOE, FL 32456

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PADILLA, SADIK R
STREET ADDRESS	2005 MARVIN AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	MGRM
NAME	QUARANTA, LUANN
STREET ADDRESS	2005 MARVIN AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	MGRM
NAME	QUARANTA, BILL
STREET ADDRESS	2005 MARVIN AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957167
08/06/08-80002-007 538.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #