

DOCUMENT # L06000020983
1. Entity Name
MICHELLE HELTON CLEANING SERVICE L.L.C.

Principal Place of Business	Mailing Address
100 BEELER RD.	100 BEELER RD.
CRAWFORDVILLE, FL 37327	CRAWFORDVILLE, FL 37327

BK



2. Principal Place of Business - No P.O. Box # 286 Tower Rd Suite, Apt. #, etc.	3. Mailing Address 286 Tower Rd Suite, Apt. #, etc.
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City & State Panacea FL		City & State Panacea, FL	
Zip 32346	Country wakulla	Zip 32346	Country wakulla

FILED
07 APR 30 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

HELTON, MICHELLE
100 BEELER RD.
CRAWFORDVILLE, FL 37327

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
286 Tower Rd		
City	FL	Zip Code
Paradea		32346

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 _____

**Make check payable to
Florida Department of State**

[illegible]

10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	286 Tower Rd Panacea, FL 32346
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"/> Change <input type="checkbox"/> Addition	800101703578 05/07/07--01021--004 **50.00
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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michelle Hest 4/30/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date District Phone #