

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90065 031 ****50.00

DOCUMENT # L06000021795	
1. Entity Name ALTERNATIVE CLEANING SERVICE L.L.C.	

Principal Place of Business 2324 N. MC GEE DR. HERNANDO, FL 34442 US	Mailing Address 2324 N. MC GEE DR. HERNANDO, FL 34442 US
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2. Principal Place of Business - No P.O. Box # 2325 N. Mc Gee Dr.	3. Mailing Address Same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hernando, Florida	City & State
Zip 34442-4920	Country U.S.A.



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8170460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BARCLAY, SHERRI L 2324 N. MC GEE DR. HERNANDO, FL 34442	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 **Sherri L. Barclay** DATE **4/27/07**

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: BARCLAY, SHERRI L 2324 N. MC GEE DR. HERNANDO, FL 34442 <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: **Sherri L. Barclay** **Sherri L. Barclay** 4/27/07 (352) 400-5037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #