

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021922

FILED
Apr 30, 2008
Secretary of State

Entity Name: K.O. CONSTRUCTION CLEANING LLC

Current Principal Place of Business:

612 OSPREY LAKES CIR.
CHULUOTA, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

612 OSPREY LAKES CIR.
CHULUOTA, FL 32766 US

New Mailing Address:

FEI Number: 20-4537347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OCAMPO, MICHAEL P
612 OSPREY LAKES CIR.
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OCAMPO, MICHAEL P
Address: 612 OSPREY LAKES CIR.
City-St-Zip: CHULUOTA, FL 32766 US

Title: MGRM () Delete
Name: KLEIN, MARK
Address: 1524 CARILLON PARK DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: OCAMPO, ANNA I
Address: 612 OSPREY LAKES CIR.
City-St-Zip: CHULUOTA, FL 32766 US

Title: MGRM () Change (X) Addition
Name: OCAMPO, FELIPE A
Address: 13858 BONANZA ST.
City-St-Zip: ARLETA, CA 91331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNA OCAMPO

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date