2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# L06000023285

Entity Name: FURMAN'S QUALITY CLEANING SERVICE, LLC

Current Principal Place of Business:

3223 MERGANZER TRAIL
ORANGE PARK, FL 32065 US

New Principal Place of Business:

190 EVERGREEN LANE
MIDDLEBURG, FL 32068 US

Current Mailing Address:

3223 MERGANZER TRAIL
ORANGE PARK, FL 32065 US

New Mailing Address:

190 EVERGREEN LANE
MIDDLEBURG, FL 32068 US

FEI Number: 20-4427605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMASTER, TAMMIE
3223 MERGANZER TRAIL
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

LAMASTER, TAMMIE
190 EVERGREEN LANE
MIDDLEBURG, FL 32068 US

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: TAMMIE LAMASTER 04/14/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LAMASTER, TAMMIE
Address: 3223 MERGANZER TRAIL
City-St-Zip: ORANGE PARK, FL 32065 US

Title: MGRM ( ) Delete
Name: SMITH, LISA
Address: 361 DENNEBOOM ROAD
City-St-Zip: COUPEVILLE, WA 98239 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAMASTER, TAMMIE
Address: 190 EVERGREEN LANE
City-St-Zip: MIDDLEBURG, FL 32068 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA M. SMITH MGRM 04/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date