


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90175 038 \*\*\*138.75

<b>DOCUMENT # L06000030271</b>	
1. Entity Name <b>ABSOLUTELY AFFORDABLE CLEANING, LLC</b>	

Principal Place of Business <b>308 LIVE OAK LANE MELBOURNE, FL 32935 US</b>	Mailing Address <b>308 LIVE OAK LANE MELBOURNE, FL 32935 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4549465</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BURKE, MATTHEW T CPA 503 NORTH ORLANDO AVE SUITE 106 COCOA BEACH, FL 32931</b>	
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7. Name and Address of New Registered Agent <b>MATTHEW T. BURKE CPA Cape Royal Office Building Suite 707 1980 N. Atlantic Avenue Cocoa Beach, FL 32931-3275</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Matthew T. Burke CPA* (NOTE: Registered Agent signature required when reinstating) DATE 2/12/2008

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TRAISNEAU, CAROL 308 LIVE OAK LANE MELBOURNE, FL 32935</b> <input type="checkbox"/> Delete	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"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 2/14/08 321-751-3776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #