


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 044 ****55.00

DOCUMENT # L06000030907 1. Entity Name LC JANITORIAL SERVICES, L.L.C.					
Principal Place of Business 497 LEAWOOD CIRCLE NAPLES, FL 34104 US			Mailing Address 497 LEAWOOD CIRCLE NAPLES, FL 34104 US		
2. Principal Place of Business - No P.O. Box # 2642 44th Terrace Sw		3. Mailing Address 2642 44th Terrace Sw			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, Florida		City & State Naples, Florida		4. FEI Number 20-4571060	
Zip 34116		Country Collier		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTREJOU, LINA 497 LEAWOOD CIRCLE NAPLES, FL 34104			7. Name and Address of New Registered Agent Name Lina Castrejon Street Address (P.O. Box Number is Not Acceptable) 2642 44th Terrace Sw City Naples FL Zip Code 34116		
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 <u><i>Lina Castrejon</i></u> 01/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTREJOU, LINA <input type="checkbox"/> Delete 497 LEAWOOD CIRCLE NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lina M. Castrejon 2642 44th Terrace Sw Naples, FL 34116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete ORTIZ, ORLANDO 497 LEAWOOD CIRCLE NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando M. Ortiz 2642 44th Terrace Sw Naples, FL 34116	
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	
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	
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	
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	
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: <u><i>Lina Castrejon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			01/15/07 <small>Date</small>		
<small>Daytime Phone #</small>					