


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90256 010 \*\*\*\*50.00

<b>DOCUMENT # L06000040907</b>			
1. Entity Name CHARLENE HAHN CLEANING SERVICE LLC			
Principal Place of Business 5759 WINDOVER CIRCLE MILTON, FL 32583		Mailing Address 5759 WINDOVER CIRCLE MILTON, FL 32583	
2. Principal Place of Business - No P.O. Box # 2605 Youngwood Ln Suite, Apt. #, etc.		3. Mailing Address 2605 Youngwood Ln Suite, Apt. #, etc.	
City & State Cantonment FL		City & State Cantonment FL	
Zip 32533	Country Escambia	Zip 32533	Country Escambia
4. FEI Number 3420163747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, CHARLENE 5759 WINDOVER CIRCLE MILTON, FL 32583		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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	MGR HAHN, CHARLENE 5759 WINDOVER CIRCLE MILTON, FL 32583 <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	MGR HAHN, STEVEN G 5759 WINDOVER CIRCLE MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Charlene Hahn</i>		Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			