

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040907

FILED
Jan 14, 2008
Secretary of State

Entity Name: CHARLENE HAHN CLEANING SERVICE LLC

Current Principal Place of Business:

2605 YOUNGWOOD LANE
CANTONMENT, FL 32533

New Principal Place of Business:

1948 PARKER ROAD
CANTONMENT, FL 32533

Current Mailing Address:

2605 YOUNGWOOD LANE
CANTONMENT, FL 32533

New Mailing Address:

1948 PARKER ROAD
CANTONMENT, FL 32533

FEI Number: 34-2063747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, CHARLENE
5759 WINDOVER CIRCLE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

HAHN, CHARLENE
1948 PARKER ROAD
CANTONMENT, FL 32533 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: CHARLENE HAHN

01/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAHN, CHARLENE
Address: 5759 WINDOVER CIRCLE
City-St-Zip: MILTON, FL 32583

Title: MGR () Delete
Name: HAHN, STEVEN G
Address: 5759 WINDOVER CIRCLE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAHN, CHARLENE
Address: 1948 PARKER ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: MGR (X) Change () Addition
Name: HAHN, STEVEN G
Address: 1948 PARKER ROAD
City-St-Zip: CANTONMENT, FL 32533

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: CHARLENE HAHN

MGR

01/14/2008

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