
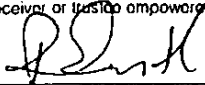


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

5/5

05-09-2007 90032 046 ****50.00

DOCUMENT # L06000048597					
1. Entity Name R & E PROGRESSIVE CLEANING SERVICES, LLC					
Principal Place of Business 2261 NW 80TH TERRACE SUNRISE FL 33322			Mailing Address 2261 NW 80TH TERRACE SUNRISE FL 33322		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5083161	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ODUNNA, OJ 7491 W OAKLAND PARK BLVD STE 301 LAUDERHILL FL 33319			Name RAQUEL SMITH		
			Street Address (P.O. Box Number is Not Acceptable)		
			2261 N.W 80th Terr		
			City Sunrise		FL
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 _____ (NOTE: Registered Agent's signature is required when renouncing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME MGRM SMITH, RAQUEL M 2261 NW 80TH TERRACE SUNRISE FL 33322	<input checked="" type="checkbox"/> Delete	TITLE	President Smith, RAQUEL M 2261 N.W 80th Terr Sunrise FL 3322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date: 04/16/07 954 973-4989		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					



1st MOORE CR2E083 (10/06)