2007 LIMITED LIABILITY COMPANY. ANNUAL REPORT (AR)

DOCUMENT # L06000048799 04-25-2007 90033 012 ***150.00 1. Entity Name PRIMETIME CLEANING, LLC Principal Place of Business Mailing Address 3122 HIGHWAY 390 PANAMA CITY FL 32405 US 3122 HIGHWAY 390 PANAMA CITY FL 32405 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 59-3609459 Not Applicable Zip Country 210 Country \$5.00 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENNETT, DERRICK Street Address (P.O. Box Number is Not Acceptable) 101 HARRISON AVENUE PANAMA CITY FL 32401 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent Signature, typed of printed name objects and egent and title if applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Int5 MGR ☐ Delete DHI □ Change Addition NAME COKER, ERICK STREET ADDRESS 3122 HIGHWAY 390 CHART ANNOTES CITY-SI-ZIP CITY - ST- ZIP PANAMA CITY FL 32405 DHE ☐ Oclete 100 Change Addition NAMI NAME HENDRIX, DEBBIE STREET ADDRESS STREET ADDRESS 3122 HIGHWAY 390 CITY - SI - ZIP CITY-ST-ZIP PANAMA CITY FL 32405 DILE Detete mi ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY-S1-74P DILE Delete MU ☐ Addition NAME NAM! STRUE) ADDRESS STREET ADORESS CITY ST 782 CITY - ST - 71P HILL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-SI-ZIP CITY-SI-ZIP MU. ☐ Delete TIME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P 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 logal effect as if made under eath; 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. Erick Loker 277-0026 SIGNATURE:

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 14, 2007 8:00 am Secretary of State