


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90171 023 \*\*\*\*50.00

<b>DOCUMENT # L06000049619</b>					
<b>1. Entity Name</b> CLEANING CONNECTION OF PENSACOLA, L.L.C.					
<b>Principal Place of Business</b> 1117 WATEROAKS TRAIL CANTONMENT, FL 32533			<b>Mailing Address</b> 1117 WATEROAKS TRAIL CANTONMENT, FL 32533		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> P.O. Box 182			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		Gonzalez, FL		<b>4. FEI Number</b> 56 258 7147	
Zip		32560		Country Escambia	
<b>6. Name and Address of Current Registered Agent</b> HAYES, DERAYE 1117 WATEROAKS TRAIL CANTONMENT, FL 32533				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE: <u>Deraye Hayes</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/20/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, DERAYE 1117 WATEROAKS TRAIL CANTONMENT, FL 32533		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Deraye Hayes</u>				Date: <u>3/20/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	