

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90211 033 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                           |                                                                                                                   |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000050482</b><br>1. Entity Name<br><b>60 MINUTE CLEANERS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                           |                                                                                                                   |  |  |
| Principal Place of Business<br><b>1401 ORANGE AVENUE<br/>FORT PIERCE, FL 34950-681 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                           | Mailing Address<br><b>1401 ORANGE AVENUE<br/>FORT PIERCE, FL 34950 US</b>                                         |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                                                   |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | City & State                              |                                                                                                                   |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                 | Zip                                       | Country                                                                                                           |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>IMPERATORE, DEBORAH L<br/>104 SW PEACOCK BLVD<br/>205<br/>PORT ST LUCIE, FL 34986</b>                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                   |  |
| 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.                                                                                                                                                                                                                                                                            |                                                                                         |                                           | 4. FEI Number<br><b>06-1778180</b>                                                                                |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                   |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                           | Make check payable to<br>Florida Department of State                                                              |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                           | 10. ADDITIONS/CHANGES                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>IMPERATORE, DEBORAH L<br>104 SW PEACOCK BLVD APT 205<br>PORT ST LUCIE, FL 34986 |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>IMPERATORE, JOSEPH<br>104 SW PEACOCK BLVD. APT 205<br>PORT ST LUCIE, FL 34986   |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                         |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                         |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                         |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                         |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                         |                                           |                                                                                                                   |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Deborah Imperatore</i> <b>Deborah Imperatore</b> <b>3/10/07</b> <b>772-461-3875</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                    |                                                                                         |                                           |                                                                                                                   |                                                                                   |  |