

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-07-2007 90379 034 ****50.00

DOCUMENT # L06000056022 1. Entity Name KELLY KLEENING, LLC																													
Principal Place of Business 9009 PATTON CT SPRING HILL, FL 34606 US			Mailing Address 9009 PATTON CT SPRING HILL, FL 34606 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
05022007 Chg-LLC CR2E083 (12/06)			4. FEI Number 20-4832332 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>																										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent SAVARESE, KELLY J 9009 PATTON CT SPRING HILL, FL 34606																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating))</small>																										
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM SAVARESE, KELLY J</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAVARESE, KELLY J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9009 PATTON CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL, FL 34606</td> <td></td> </tr> </table>			TITLE	MGRM SAVARESE, KELLY J	<input type="checkbox"/> Delete	NAME	SAVARESE, KELLY J		STREET ADDRESS	9009 PATTON CT		CITY-ST-ZIP	SPRING HILL, FL 34606		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
SIGNATURE: <u>Kelly Savarese</u> <u>Kelly Savarese</u> <u>5/1/07</u> <u>(352) 584-2132</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													