## 2007 LIMITED LIABILITY COMPANY

## FILED Apr 30, 2007 8:00 am Secretary of State

	ANNUAL	REPURI			_	Secre	tai y	UI i	Stati
DOCUMENT # L06000058492  1. Entity Name L & S MAINTENANCE LLC						04-09-20	_		
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	1		< 11 H		ר ט
8902 CRANES NEST CT		8902 CRANES NEST CT					300	10676	00
FORT MYERS, FL 33908		FORT MYERS, FL 33908							
					11007771	DI GEND GISK BAKI BESI BESI	13 D 0101 O 1111 (0)	is <b>estas</b> census si	3 661 (1) (3 8)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062007	Chg-LLC	CR2F08	33 (12/06)	
City & State		City & State			4. FEI Num				pplied For
City of State		Only to State				+6		ot Applicable	
Zip	Country	Zip Counti		ntry	5. Certificate of Status Desired 5.00 Additional				
	E. Name and Address of Courses 5	Indicated Appet	ــــــــــــــــــــــــــــــــــــــ		J			ee Require	<u> </u>
	6. Name and Address of Current F	redistated Wilstit	Name			nd Address of New R	egistered A	Beut	_
	S, LAWRENCE								
	NES NEST CT			Street Address	(P.O. Box Num	ber is Not Acceptable	1)		
FORTMIT	ERS, FL 33908								
				City		<del></del> ·		Z <sub>i</sub> p Cod	<u> </u>
				<u> </u>	<del></del>		FL		
a. The above the obligat	<ul> <li>named entity submits this statement for tions of registered agent.</li> </ul>	the purpose of changing it	ts register	red office or registe	red agent, or b	oth, in the State of Flo	rida. I am fa	ımillər with,	and accept
SIGNATURE	Signature, typed or princed name of registered agent at	nd title if applicable. (NO	ITE: Regalare	ed Agent signature require	d when remalating)		DATE		
			·						
	iling Fee Is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State				
9. MANAGING MEMBER		RS/MANAGERS	S/MANAGERS 10.			ADDITIONS/	CHANGES		<del></del>
TITLE	MGR	☐ Delete	tπu					Change	Addition
STREET ADDRESS	MCMANUS, LAWRENCE 8902 CRANES NEST CT		NAA STR	RE EET ADOMESS					
CITY-ST-ZIP	FORT MYERS, FL 33908		1	r-ST-ZIP					
TITLE		☐ Detete	tirt	£				☐ Change	Addition
NAME			HAL	€				,-	
STREET ADDRESS CITY-ST-ZIP				EFT ADDRESS					
				r-ST-ZIP			<del></del>		
TITLE NAME		☐ Delete	TITL	-				Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	1-S1-ZIP					
TITLE		☐ Detere	TITL	Ę				□ Change	Addition
NAME STREET ADDRESS			NAM	- 1					
CITY-ST-ZIP				EET ADORESS :					
TITLE		☐ Delete	MIL				<del></del>	Change	Addition
NAME		_ K.	NAM						
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP		<u></u>		1-S1-ZIP					_ <u></u>
TITLE		☐ Delete	TITE				I	Change	Addition
NAME STREET ADORESS			NAM STRI	EET ADDRESS					
CITY-ST-ZIP				- ST-ZIP					
11. I hereby	certify that the information supplied with	this filing does not quality to	or the exe	emptions contained	in Chapter 119	, Florida Statutes, I fu	rther certify t	hat the info	rmation
Indicated	f on this report is true and accurate and tability company or the receiver or trustee	hai my signature shall have	e the sam	e legal effect as il n	nade under oai	th; that I am a manag	ing member	or manage	r of the
	phawrence	MEMANUS	,	. , – .—		, a	39- Q	18-9	1499
l	<u> </u>	f .			,	/ . I			

SIGNATURE: Jaurana In Manus
SIGNATURE: Authorized PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE