

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90197 024 ****55.00

DOCUMENT # L06000059919 1. Entity Name SCRUBBERS CLEANING COMPANY, LLC					
Principal Place of Business 27021 LAVINKA STREET BONITA SPRINGS, FL 34135			Mailing Address 27021 LAVINKA STREET BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # 27012 Adriana Cir Suite, Apt. #, etc. # 101		3. Mailing Address 27012 Adriana Cir Suite, Apt. #, etc. Unit 101			
City & State BONITA SPRINGS, FL Zip 34135		City & State BONITA SPRINGS, FL Zip 34135		4. FEI Number 20-7284744	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHERRY, NICHOLE E 27021 LAVINKA STREET BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Wherry, Nichole n/a 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 <u><i>Nichole Wherry</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHERRY, NICHOLE E 27021 LAVINKA STREET BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHERRY, WILLIAM D 27021 LAVINKA STREET BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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><i>Nichole Wherry</i></u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5-1-07 Daytime Phone # 2394942720		