

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90018 033 \*\*\*143.75

**DOCUMENT # L06000061746**

1. Entity Name  
**CAMPUS MAINTENANCE GROUP LLC**



Principal Place of Business Mailing Address  
**8323 NW 12TH STREET STE 206 DORAL, FL 33126** **11395 NW 122 ST STE 206 Medley, FL 33178**

00002377



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-5056319**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, MARIA**  
**8323 NW 12TH STREET STE 206 DORAL, FL 33126** **11395 NW 122ND ST Medley, FL 33178**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME RODRIGUEZ, MARIA  
STREET ADDRESS 8323 NW 12TH STREET STE 206  
CITY-ST-ZIP DORAL, FL 33126

TITLE MGRM ☒ Change ☐ Addition  
NAME Rodriguez, Maria  
STREET ADDRESS 11395 NW 122ND ST  
CITY-ST-ZIP Medley, FL 33178

TITLE MGR ☐ Delete  
NAME FERNANDEZ, HECTOR J  
STREET ADDRESS 8323 NW 12TH STREET STE 206  
CITY-ST-ZIP DORAL, FL 33126

TITLE MGR ☒ Change ☐ Addition  
NAME Fernandez, Hector J  
STREET ADDRESS 11395 NW 122ND ST  
CITY-ST-ZIP Medley, FL 33178

TITLE MGR ☐ Delete  
NAME LLANES, ROLANDO  
STREET ADDRESS 8323 NW 12TH STREET STE 206  
CITY-ST-ZIP DORAL, FL 33126

TITLE MGR ☐ Change ☐ Addition  
NAME LLANES, ROLANDO  
STREET ADDRESS 11395 NW 122ND ST  
CITY-ST-ZIP Medley, FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/08

Date

Daytime Phone #