


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90340 042 ****50.00

DOCUMENT # L06000069748
 1. Entity Name
RHO CLEANING SERVICE LLC



Principal Place of Business Mailing Address
3401 SILVER GLEN COURT **3401 SILVER GLEN COURT**
PLANT CITY FL 33566 **PLANT CITY FL 33566**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3401 SILVER GLEN CT. **3401 SILVER GLEN CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PLANT CITY FL. **PLANT CITY FL.**
 Zip Country Zip Country
33566 USA 33566 USA

4. FEI Number Applied For
76-0836868 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent
ORTIZ, RUFINO H
3401 SILVER GLEN COURT
PLANT CITY FL 33566

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	ORTIZ, RUFINO H	3401 SILVER GLEN COURT	PLANT CITY FL 33566	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rufino H. Ortiz **4-22-07** **813-754-8123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #