

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90144 016 \*\*\*\*\*50.00

DOCUMENT # L06000074739

1. Entity Name

CIDA WRIGHT CLEANING SERVICE, LLC



Principal Place of Business

13195 SE 115TH AVE  
OCKLAWAHA FL 32179

Mailing Address

13195 SE 115TH AVE  
OCKLAWAHA FL 32179

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

13195 S.E. 115th Ave

3. Mailing Address

13195 S.E. 115th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCKLAWAHA - FL

City & State

OCKLAWAHA - FLORIDA

Zip

32179

Country

MARION

Zip

32179

Country

MARION

4. FEI Number

20-5278975

Applied For

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

WRIGHT, APARECIDA M  
13195 SE 115TH AVE  
OCKLAWAHA FL 32179

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

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

(NOTE: Registered Agent signature required when registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WRIGHT, APARECIDA M	
STREET ADDRESS	13195 SE 115TH AVE	
CITY - ST - ZIP	OCKLAWAHA FL 32179	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WRIGHT, JOHN I	
STREET ADDRESS	13195 SE 115TH AVE	
CITY - ST - ZIP	OCKLAWAHA FL 32179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #

*Aparecida M. Wright*

01-30-07

(352)  
843-3596