


2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90080 023 ****50.00

DOCUMENT # L06000075137	
1. Entity Name ANDREA'S CLEANING SERVICES LLC	

Principal Place of Business PO BOX 4362 WINTER PARK, FL 32790	Address Change To #2	Mailing Address PO BOX 4362 WINTER PARK, FL 32790
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2. Principal Place of Business - No P.O. Box # 3617 Sweet Grass Circle Suite, Apt. #, etc. 8012 City & State Winter Park, FL Zip 32792 Country Orange	3. Mailing Address 3617 Sweet Grass Circle Suite, Apt. #, etc. 8012 City & State Winter Park, FL Zip 32792 Country Orange
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02012007 Chg-LLC CR2E083 (12/08)

4. FEI Number 20-5294166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNG, ANDREA M 3617 SWEET GRASS CIRCLE 8012 WINTER PARK, FL 32792	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YOUNG, ANDREA M 3617 SWEET GRASS CIRCLE 8012 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andrea Young **03/29/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #