


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90206 021 \*\*\*\*50.00

<b>DOCUMENT # L06000075533</b>	
1. Entity Name <b>WHITE GLOVE CLEANING SERVICE, LLC</b>	

Principal Place of Business <b>310 LOBLOLLY BAY DRIVE SANTA ROSA BEACH FL 32459 US</b>	Mailing Address <b>P. O. BOX 1638 SANTA ROSA BEACH FL 32459 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

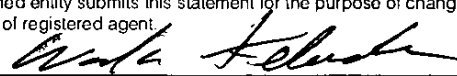
1st MOORE CR2E083 (10/06)

4. FEI Number <b>20-5290845</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KEBEDE, ASFAW 310 LOBLOLLY BAY DRIVE SANTA ROSA BEACH FL 32459</b>	
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7. Name and Address of New Registered Agent	
Name <b>Wanda Kebede</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>310 Loblolly Bay Drive</b>	
City <b>Santa Rosa Beach, FL</b>	
City <b>FL</b>	Zip Code <b>32459</b>

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 	DATE <b>March 12, 2007</b>

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

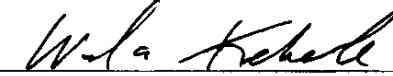
(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KEBEDE, ASFAW 310 LOBLOLLY BAY DRIVE SANTA ROSA BEACH FL 32459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KEBEDE, WANDA 310 LOBLOLLY BAY DRIVE SANTA ROSA BEACH FL 32459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 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.	
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SIGNATURE: 	<b>Wanda Kebede</b> 3/12/07 850 534-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone #