2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Jun 16, 2008 8:00 am
Secretary of State
05-09-2008 90064 009 ***138.75

DOCUMENT # L06000079108

1. Entity Name
LADDY'S CLEANING SERVICE LLC

Principal Place of Business	Mailing Address
316 2ND ST. W. TIERRA VERDE FL 33715	316 2ND ST W TIERRA VERDE FL 33715

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
316 2nd. Str. w.	316 2nd. str. w.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tierra Verde, FL.	City & State: Tierra Verde, FL.
Zip: 33715 Country: USA	Zip: 33715 Country: USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, BERGEN J MANAGER
316 2ND ST. W.
TIERRA VERDE FL 33715

7. Name and Address of New Registered Agent

Name: LADISLAVA NOVAKOVA
Street Address (P.O. Box Number is Not Acceptable): 316 2nd. Str. w.
City: Tierra Verde FL Zip Code: 33715

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: Ladislava Novakova 4/22/08
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	MR.	☒ Delete	TITLE		☒ Change ☐ Addition
NAME	DAVID, BERGEN J		NAME		
STREET ADDRESS	316 2ND ST. W.		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL 33715		CITY-ST-ZIP		
TITLE	LADISLAVA NOVAKOVA	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS	316 2nd-str. w.		STREET ADDRESS		
CITY-ST-ZIP	Tierra Verde, FL. 33715		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Ladislava Novakova, Ladislava Novakova 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #