2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000081400

1. Entity Name



FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90032 041 ****55.00

Malling Address CAPE CORAL, FL 33904 P.O. BOX 151999	ECOLOGIC CLEANING LLC			38							
Suite, Apt. F. etc. Suite, Apt. F. etc. City & State City	1206 SE 401	TH ST. #301	P.O. BOX 151999			i 1821/67: 81	NES MES HICE CHIE CHES I	'i P2161 19101 M	ti Bitti ARM ABi	ISEL IN IPEL	
City & State	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04152007	Chg-LLC	CR2E0	83 (12/06)		
Name and Address of Current Registered Agent	City & State		City & State			4. FEI Numb 74	er -31874	179			
Name	Žip	Country	Zip Country			5. Certificate	of Status Desired				
AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102 City FL		6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered A	gent		
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	ACCINITO A	AND CORPORATIONS INC		,	Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symulor, typind or privated remain of registered agent and side it application. (NOTE: Registered Agent agrand when remaindence) DATE	SUITE E, 7	773 4TH AVENUE NORTH	-		Street Address (F	P.O. Box Numb	er is Not Acceptable	e)			
SIGNATURE Signature Signa					Dity			FL	Zip Code	е	
Signatural, hypotic or printed ramen of inequated agent and site if applicable. (NOTE: Registered Appent depression of Appent depression of Part o											
P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition ANAE AN	SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Ag	ent signature required	when reinstating)		DATE			
MGR	Fi De	iling Fee is \$50.00 ue by May 1, 2007				` <u> </u>					
NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP SIRE	9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
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	NAME Street address		☐ Delete	name Street a					Change	Addition	
		certify that the information supplied with	this filing does not qualify for			in Chapter 119	Florida Statutes 1 fo	uther certify	that the info	rmation	

11. Thereby 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: TEFF A HAN COCK LLC Managing Member 4/16/3007/339/841-06SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED MEPRESENTATIVE

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