2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081452

Name:

Address:

City-St-Zip:

Entity Name: K. R. M. CLEANING SERVICE, LLC

4610 SW SCANAVINO STREET

PORT SAINT LUCIE, FL 34953 US

FILED Mar 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4610 SW SCANAVINO STREET PORT SAINT LUCIE, FL 34953 US **Current Mailing Address: New Mailing Address:** 4610 SW SCANAVINO STREET PORT SAINT LUCIE, FL 34953 US FEI Number: 14-1979072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REID, KERRIS 4610 SW SCANAVINO STREET US PORT SAINT LUCIE, FL 34953 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete REID, KERRIS Name: Name: 4610 SW SCANAVINO STREET Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: JAMES, VILMA Name: EDWARDS, VILMA Address: 4610 SW SCANAVINO STREET Address: 4610 SW SCANAVINO STREET City-St-Zip: PORT SAINT LUCIE, FL 34953 US City-St-Zip: PORT SAINT LUCIE, FL 34953 US Title: MGRM (X) Delete Title: () Change () Addition JONES, XIAVHONN Name: Name: 4610 SW SCANAVINO STREET Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition JONES, TIMAYA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KERRIS REID 03/14/2007