

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082078

Entity Name: JANITORIAL SOLUTIONS LLC

FILED
Sep 24, 2008
Secretary of State

Current Principal Place of Business:

6669 BABBIT AVE
NORTH PORT, FL 34286

New Principal Place of Business:

5064 ALSEIR RD
NORTH PORT, FL 34288

Current Mailing Address:

6669 BABBIT AVE
NORTH PORT, FL 34286

New Mailing Address:

5064 ALSEIR RD
NORTH PORT, FL 34288

FEI Number: 20-5684397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DESROCHE, STEVEN F
6669 BABBIT AVE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

DESROCHE, STEVEN F
5064 ALSEIR RD
NORTH PORT, FL 34288 US

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:

09/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DESROCHE, CHERYL A
Address: 6669 BABBIT AVE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DESROCHE, CHERYL A
Address: 5064 ALSEIR
City-St-Zip: NORTH PORT, FL 34288

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CHERYL DESROCHE

MGR

09/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date