

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90152 001 \*\*\*\*55.00

DOCUMENT # L06000089252

1. Entity Name

ALL AMERICAN CLEANING LLC



Principal Place of Business

317 MANSON LANE  
JACKSONVILLE FL 32220

Mailing Address

PO BOX 37198  
JACKSONVILLE FL 32236

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

20-5504450

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STULL, DONNA M  
317 MANSON LANE  
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | MGRM                  | <input type="checkbox"/> Delete |
| NAME            | STULL, DONNA M        |                                 |
| STREET ADDRESS  | 317 MANSON LANE       |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL 32220 |                                 |
| TITLE           | MGRM                  | <input type="checkbox"/> Delete |
| NAME            | EVANS, GREG D         |                                 |
| STREET ADDRESS  | 317 MANSON LANE       |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL 32220 |                                 |
| TITLE           | MGRM                  | <input type="checkbox"/> Delete |
| NAME            | WILLIAMS, STACY A     |                                 |
| STREET ADDRESS  | 1733 LINARES WAY      |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL 32220 |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

10. ADDITIONS/CHANGES

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/21/07 (904) 591-8805