

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090011

FILED
Jul 14, 2008
Secretary of State

Entity Name: CHACON CLEANING SERVICE, LLC

Current Principal Place of Business:

2175 53RD ST SW
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

2175 53RD ST SW
NAPLES, FL 34116

New Mailing Address:

FEI Number: 20-5535453 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:

VALVERDE, JOSE
2176 53RD ST SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

VALVERDE, JOSE
2175 53RD ST SW
NAPLES, FL 34116 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: _____

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOSSO, MONICA
Address: 5100 23RD ROAD CT
City-St-Zip: NAPLES, FL 34116

Title: MGRM () Delete
Name: VALVERDE, JOSE
Address: 2176 53RD ST SW
City-St-Zip: NAPLES, FL 34116

Title: MGRM () Delete
Name: CHACON, ISABEL M
Address: 2176 53RD ST SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOSSO, MONICA
Address: 2175 53RD ST SW
City-St-Zip: NAPLES, FL 34116

Title: MGRM (X) Change () Addition
Name: VALVERDE, JOSE
Address: 2175 53RD ST SW
City-St-Zip: NAPLES, FL 34116

Title: MGRM (X) Change () Addition
Name: CHACON, ISABEL M
Address: 2175 53RD ST SW
City-St-Zip: NAPLES, FL 34116

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: ISABEL CHACON

MGRM

07/14/2008

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