

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90227 040 \*\*\*143.75

<b>DOCUMENT # L06000092906</b> 4. Entity Name <b>IDEAL COMMERCIAL CLEANING SERVICES, LLC</b>	
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Principal Place of Business <b>6263 CAMP LEE ROAD WEST PALM BEACH, FL 33417</b>	Mailing Address <i>change</i> → <b>6263 CAMP LEE ROAD WEST PALM BEACH, FL 33417</b>
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60020161



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <i>P.O. Box 20193</i>
City & State	City & State <i>WPB, Florida</i>
Zip	Zip <i>33416</i>

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5592047</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**GUITERREZ, YUSIMIL**  
**6263 CAMP LEE RD**  
**WEST PALM BEACH, FL 33-417h**

**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 *Yusimil Gutierrez* DATE *4/1/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	NAVAS, ANDRESS
STREET ADDRESS	6263 CAMP LEE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GUITERREZ, YUSIMIL
STREET ADDRESS	6263 CAMP LEE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
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	

11. I hereby 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:** *[Signature]* DATE *4/1/08* DAYTIME PHONE # *561-644-3175*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #