

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-07-2008 90227 040 ***143.75

DOCUMENT # L06000092906	
1. Entity Name IDEAL COMMERCIAL CLEANING SERVICES, LLC	

Principal Place of Business 6263 CAMP LEE ROAD WEST PALM BEACH, FL 33417	Mailing Address <i>change</i> 6263 CAMP LEE ROAD WEST PALM BEACH, FL 33417
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>P.O. Box 20193</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>WPB, Florida</i>
Zip	Country <i>USA</i>

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5592047	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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 <i>Yusimil Gutierrez</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>4/1/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAVAS, ANDRESS 6263 CAMP LEE ROAD WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUITERREZ, YUSIMIL 6263 CAMP LEE ROAD WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>4/1/08</i> <small>Date</small>	DAYTIME PHONE # <i>561-644-3175</i> <small>Daytime Phone #</small>
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