

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90079 039 ***158.75

60046312



04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5719533** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # L06000096684

1. Entity Name
COMPETITIVE WINDOW CLEANING SERVICES LLC



Principal Place of Business
6607 BOULEVARD OF CHAMPIONS
NORTH LAUDERDALE, FL 33068

Mailing Address
6607 BOULEVARD OF CHAMPIONS
NORTH LAUDERDALE, FL 33068

2. Principal Place of Business - No P.O. Box #
6607 Boulevard of Champions

3. Mailing Address
6607 Boulevard of Champions

Suite, Apt. #, etc.

City & State
North Lauderdale, FL

Zip
33068

Country

6. Name and Address of Current Registered Agent

GAVIRIA, MARIBEL
6607 BOULEVARD OF CHAMPIONS
NORTH LAUDERDALE, FL 33068

City

State

Zip Code

7. Name and Address of New Registered Agent

Name

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

City

State

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

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: *[Signature]* **JORGE I. ALVAREZ** 04/04/07 954-588-7474

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

Date

Daytime Phone #

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.