## 2008 LIMITED LIABILITY COMPANY

## Apr 16, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000098365 04-16-2008 90111 031 \*\*\*138.75 1. Entity Name ADVANCE LEVEL CLEANING SERVICE LLC Principal Place of Business Mailing Address 50003420 2312 COUNTRY CLUB BLVD. 2312 COUNTRY CLUB BLVD. CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 709 SW 6-th 709 SINI 04132008 Chg-LLC CR2E083 (12/06) 4 FEI Number Applied For Cy & State City & State De ( 65-0439903 Not Applicable ora \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ooper COOPER, MARK is Not Acceptable) 2312 COUNTRY CLUB BLVD. CAPE CORAL, FL 33990 ora 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 agen SIGNATURE Signature, typed or prin registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 1.50 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE Change ■ Addition COOPER, MARK NAME NAME 2312 COUNTRY CLUB BLVD. STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete TITLE Change Change ☐ Addition NEWLAND, JONATHAN MALKE NAME 2312 COUNTRY CLUB BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #