## 2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

## **ANNUAL REPORT** DOCUMENT # L06000116485 T&M JANITORIAL, LLC Principal Place of Business Mailing Address P.O. BOX 8121 14255 US HIGHWAY ONE JUPITER, FL 33468 JUNO BEACH, FL 33408 DO NOT WRITE IN THIS SPACE

FILED Feb 04, 2008 08:00 AN Secretary of State

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DO NOT WOITE IN THIS CO	01282008 No Chg-LLC CR2E083 (12/07)		
DO NOT WRITE IN THIS SE	4. FEI Number Applied For 20-8889475 Not Applicable		
	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent			
ALONZO, KENNETH T 14255 US HIGHWAY ONE	DO NOT WRITE		
246 JUNO BEACH, FL 33410	IN THIS SPACE		
<ol> <li>The above named entity submits this statement for the purpose of changing its re- the obligations of registered agent.</li> </ol>	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE			
Signature, typed or printed name of registered agent and title if eopticable (NOTE R	Registered Agent signature required when reinstating) DATE.		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
. MANAGING MEMBERS/MANAGERS			

## MANAGING MEMBERS/MANAGERS 9, MGR THIE ALONZO, KENNETH T NAME STREET ADDRESS 14255 US HIGHWAY ONE, STE246 CITY-ST-ZIP JUNO BEACH, FL 33408 000000813070 02/12/08-80076-003 138.75 MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

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

<u> 236-0895</u>

Daytime Phone #