

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118904

FILED
Feb 22, 2007
Secretary of State

Entity Name: FACILITIES MAINTENANCE, LLC

Current Principal Place of Business:

455 DOUGLASS AVE.
SUITE 2255-K
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

455 DOUGLASS AVE.
SUITE 2255-K
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, BEAU K
3109 OAK ALLEY DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, DAVID D
Address: 3109 OAK ALLEY DR
City-St-Zip: APOPKA, FL 32703 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MOORE, BEAU
Address: 3109 OAK ALLEY DR
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID MOORE

MGR

02/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date