

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000002919

1. Entity Name  
MCCLOUD CLEANING LLC



FILED

08 FEB -5 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

813 JETTY AVE  
QUINCY, FL 32351

Mailing Address

P.O. BOX 20374  
TALLAHASSEE, FL 32316-0374

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number

56-2632173

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNDOMA, CLAUDIUS  
813 JETTY AVE  
QUINCY, FL 32351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MUNDOMA, CLAUDIUS  
STREET ADDRESS 813 JETTY AVE  
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE MGR  
NAME KEVIN LEWIS  
STREET ADDRESS 2100 A PALACHEE PKWY, Ridge Wood Apt 78  
CITY-ST-ZIP Tallahassee, FL 32301 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MGR  
NAME MUNDOMA, CLAUDIUS  
STREET ADDRESS 813 Jetty Ave.  
CITY-ST-ZIP Quincy FL 32351 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME 000118344130  
STREET ADDRESS 02/19/08--01045--005  
CITY-ST-ZIP \*\*\*143.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

*[Signature]*

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

2/05/08

Date

850-980-6666

Daytime Phone #