2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000002919

1. Entity Name
McCloud Cleaning LLC.

FILED
10 MAY -3 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500180072735
05/03/10--01038--002 **143.75

Principal Place of Business: 813 Jetty Ave Quin
Mailing Address: 8

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
813 Jetty Ave.	P.O Box 20374
Suite, Apt. #, etc.: Ø	Suite, Apt. #, etc.:
City & State: Quincy, FL	City & State: Tallahassee, FL
Zip: 32351 Country: USA	Zip: 32316 Country: USA

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

CLAUDIUS MUNDOMA
813 Jetty Ave.
Quincy, FL 32351

7. Name and Address of New Registered Agent

Name: SAME
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]
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, 2010 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MUNDOMA CLAUDIUS 813 Jetty Ave. QUINCY, FL 32351	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIBEIRO, ALAN P.O Box 20374 Tallahassee, FL 32316-0374	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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10 APR 30 PM 1:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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] 4/30/2010 850-980-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

N. Culligan MAY - 3 2010