

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90298 001 ***138.75

04-28-2008 90298 002 *****5.00

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000010400			
1. Entity Name TOUCH OF LOVE CLEANING, LLC			
Principal Place of Business 225 N MARS AVE CLEARWATER, FL 33755 US		Mailing Address 225 N MARS AVE CLEARWATER, FL 33755 US	
2. Principal Place of Business - No P.O. Box # 3766 138th AVE N		3. Mailing Address PO Box 5527	
Suite, Apt. #, etc. B		Suite, Apt. #, etc.	
City & State Largo FL		City & State Clearwater FL	
Zip 33715		Zip 33765	
Country USA		Country USA	
4. FEI Number 20-8335627		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTON, DEBORAH 225 N MARS AVE CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name Debbie Patton Street Address (P.O. Box Number is Not Acceptable) 3766 138th AVE N #B City Largo FL Zip 33771	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATTON, DEBORAH 225 N MARS AVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4/23/08 (727) 678-6475	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	