03-13-2008 90272 048 ****88.00
04-10-2008 90124 042 ****50.00
L07000024361

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000024361

1. Entity Name
NERIY NETA CLEANING SERVICES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 29 AM 10: 43

Principal Place of Business	Mailing Address
710 LEGION DRIVE #L04 DESTIN, FL 32541	710 LEGION DRIVE #L04 DESTIN, FL 32541

04032008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4050 DANCING CLOUD CT			
Suite, Apt. #, etc. 307		Suite, Apt. #, etc.	
City & State DESTIN FL		City & State	
Zip 32541	Country US	Zip	Country

4. FEI Number 20-8564735 — 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
NETA, NERIY C 710 LEGION DRIVE #L04 DESTIN, FL 32541	Name NETA, NERIY C Street Address (P.O. Box Number is Not Acceptable) 4050 DANCING CLOUD CT # 307 City DESTIN FL Zip Code 32541

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] 04/04/08
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NETA, NERIY 710 LEGION DRIVE #L04 DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NIZ, ELIAS 4050 DANCING CLOUD CT # 307 DESTIN - FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NETA, NERIY 4050 DANCING CLOUD CT # 307 DESTIN FL 32541	☒ 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
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] 04/04/08 850 5432930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #