

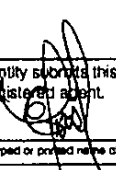
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 10:43



DOCUMENT # L07000024361			
1. Entity Name NERIY NETA CLEANING SERVICES LLC			
Principal Place of Business 710 LEGION DRIVE #L04 DESTIN, FL 32541		Mailing Address 710 LEGION DRIVE #L04 DESTIN, FL 32541	
2. Principal Place of Business - No P.O. Box # 4050 DANCING CLOUD CT		3. Mailing Address CT	
Suite, Apt. #, etc. 307		Suite, Apt. #, etc.	
City & State DESTIN		City & State FL	
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 NETA, NERIY C 710 LEGION DRIVE #L04 DESTIN, FL 32541		7. Name and Address of New Registered Agent 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 		DATE 04/04/08	
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	MGR 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	MGR 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: 		Date 04/04/08 Daytime Phone # 850 5432930	