

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035091

FILED
Aug 31, 2007
Secretary of State

Entity Name: DUSTBUSTERS HEALTHFRESH BUILDING SERVICES, LIMITED LIABILITY COMPANY (LLC)

Current Principal Place of Business:

100670 OVERSEAS HWY.
KEY LARGO, FL 33037

New Principal Place of Business:

100670 OVERSEAS HWY.
ATTN: REMEDY'S
KEY LARGO, FL 33037

Current Mailing Address:

PO BOX 466
TAVERNIER, FL 33070

New Mailing Address:

100670 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LENTZ, GENE C
100670 OVERSEAS HWY.
KEY LARGO, FL 33037 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: LENTZ, GENE C
Address: 100670 OVERSEAS HWY.
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LENTZ, MARIA C
Address: 100670 OVERSEAS HWY.
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GENE C. LENTZ

MGRM

08/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date