

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90096 002 \*\*\*138.75

**DOCUMENT # L07000036147**

1. Entity Name

PATTY'S VALET CLEANING SERVICE LLC



Principal Place of Business

610 POWERS AVENUE  
PORT ORANGE FL 32127

Mailing Address

610 POWERS AVENUE  
PORT ORANGE FL 32127



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-8830340

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

VAN LEER, PATRICIA  
610 POWERS AVENUE  
PORT ORANGE FL 32127

Name

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

*Patricia A. Van Leer*

*moore*

1/25/08

Signature, typed or printed name of registered agent and filed appropriate

(NOTE: Registered Agent signature required when resigning)

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-STATE-ZIP	<input type="checkbox"/> Delete
MGRM	VAN LEER, PATRICIA	610 POWERS AVENUE	PORT ORANGE FL 32127	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Patricia A. Van Leer*

1/25/08

386-405-7698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #