


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 24, 2008 8:00 am  
Secretary of State

04-01-2008 90063 019 \*\*\*138.75

DOCUMENT # L07000042575			
1. Entity Name EQUINOX CLEANING SERVICE, LLC			
Principal Place of Business 1917 SUNNYHILLS BLVD. CHIPLEY, FL 32428 US		Mailing Address 1917 SUNNYHILLS BLVD. CHIPLEY, FL 32428 US	
2. Principal Place of Business - No P.O. Box # 1917 Sunnyhills Blvd. Suite, Apt. #, etc.		3. Mailing Address 1917 Sunnyhills Blvd. Suite, Apt. #, etc.	
City & State Chipley Florida		City & State Chipley, Fla.	
Zip 32428		Country USA	
4. FEI Number 20-8883281		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WASHAM, MARJORIE D 1917 SUNNYHILLS BLVD. CHIPLEY, FL 32428		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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 WASHAM, MARJORIE D 1917 SUNNYHILLS BLVD CHIPLEY, FL 32428 <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: <u>Marjorie Washam</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>3-25-08</u> Daytime Phone: <u>850-773-1316</u>	

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