LINDSEY CLEANING SERVICES LLC



FILED
Feb 25, 2008 08:00 AM
Secretary of State

Principal Place of Business

6441 ANTIETAM DR PENSACOLA, FL 32503 Mailing Address

6441 ANTIETAM DR PENSACOLA, FL 32503



DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 20-8895808

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCKWELL ACCOUNTING LLC 912 W MICHIGAN AVE PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE

| PENSACOLA, FL 32505 | | IN THIS SPACE | | |
|--|--|--|--|--|
| | e named entity submits this statement for the purpose of cha tions of registered agent. | nging its registered office or registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE | |
| FiLE After May | NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | U00000840169 03/06/08-80038-004 138.75 | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS MGRM LINDSEY, DAVID 6441 ANTIETAM DR PENSACOLA, FL 32503 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ., | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | IN THIS SPACE | |
| TITLE NAME STREET ADDRESS | | | | |

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: Jau

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING MAMAGING MEMBER, OR AUTHORIZED REPRESENTA

410,08

Daytime Phone #