

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90155 001 ***555.00

DOCUMENT # L07000052522

1. Entity Name
TEMEKA AYERS FRAMEING & CLEANING LLC



Principal Place of Business
1233 CHEE LANE
TALLAHASSEE, FL 32304

Mailing Address
1233 CHEE LANE
TALLAHASSEE, FL 32304

30005513



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AYERS, TEMEKA
1233 CHEE LANE
TALLAHASSEE, FL 32304

Name

AYERS, Temeka

Street Address (P.O. Box Number is Not Acceptable)

3320 Argonaut Drive

Tallahassee

Florida 32312

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

Temeka K. Ayers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
MGR
AYERS, TEMEKA
STREET ADDRESS
1233 CHEE LANE
CITY - ST - ZIP
TALLAHASSEE, FL 32304

☐ Delete

TITLE
NAME
AYERS, Temeka
STREET ADDRESS
3320 Argonaut Drive
CITY - ST - ZIP
Tallahassee, Florida 32312

☒ Change ☐ Addition

TITLE
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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: *Temeka K. Ayers*

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

4-30-08

Date

Daytime Phone #