

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90150 017 ***138.75

DOCUMENT # L07000054675

1. Entity Name
BUILDER'S CLEANING SERVICE, LLC



Principal Place of Business
**813 SW 99TH STREET
GAINESVILLE, FL 32607**

Mailing Address
**14260 W NEWBERRY ROAD #181
NEWBERRY, FL 32669**

60018944



2. Principal Place of Business - No P.O. Box #
813 SW 99th St.
Suite, Apt. #, etc.

3. Mailing Address
14260 W. Newberry Rd. #181
Suite, Apt. #, etc.

02062008 Chg-LLC CR2E083 (12/06)

City & State
Gainesville FL

City & State

4. FEI Number
20-8752812

Applied For
Not Applicable

Zip
32607 Country
Alachua

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MENET, DAVID E
3940 NW 16 BLVD BLDG B
GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent

Name
N/A

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CONSOLAZIO, LORRAINE L
3003 SW 162 STREET
ARCHER, FL 32618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BECKER, LYNNE M
6519 W NEWBERRY ROAD #1112
GAINESVILLE, FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BOWDEN, JEAN L
813 SW 99TH STREET
GAINESVILLE, FL 32607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: *Lorraine Consolazio*