FILED Jun 16, 2008 8:00 am Secretary of State 05-09-2008 90062 012 ***138 75

DOCUMENT # L07000057996 1. Enlity Name A&K ALL PRO CLEANING LLC							05-09-200	J8 90062 012 *	**138./5
Principal Place of Business Mailing Address 433 HONEYCOMB WAY 433 HONEYCOMB WAY JACKSONVILLE, FL 32259 US JACKSONVILLE, FL 32259 US] 	du đển đồn độn đại đạn ban	30909 3	
2. Principal F	Place of Busin	ess - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172008	Chg-LLC	CR2E083 (12/06)
City & State			City & State			4. FEI Num 2.6	ber -0327413	,) 	opplied For lot Applicable
Zip	Country		Zip			5. Certificate of Status Desired 55.00 Additional Fee Required			
<u> </u>		and Address of Curre		Name *	7. Name an	d Address of New Re	egistered Agent		
	NDING OA	DRPORATION AGI KS BLVD	ITS, INC.		Street Address (P.O. Box Number is Not Acceptable)				
	L 33612-3	425							
					City			FL Zip Cox	
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 injuried name or registared agent and trife it applicable. (NOTE: Required Agent signature required when remaining) DATE									
								check payable to Department of Stat	te
9.		MANAGING MEM	BERS/MANAGERS	10.	 ,		ADDITIONS/	CHANGES	
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IME	MGRM	71222,74 02200	☐ Delete	fitt				☐ Change	Addition
NAME STREET ADDRESS	ROSS, KAREN L INA 433 HONEYCOMB WAY STI				EET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
TITLE NAME			☐ Delete	TITLE				Change	☐ Addition }
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NAME STREET ADDRESS	1			NAM. STRE	E ET ADDRESS				_
CITY-ST-ZIP				1	-S1-ZIP				
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Rorida 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.									
SIGNATURE: 7/21/08 904 708 6865									
SIGNATURE: 7/21/08 904 208 6865									



June 12, 2008

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Subject: A&K All Pro Cleaning, LLC

Reference Number: L07000057996

To Whom It May Concern:

The attached business report has been updated to include the Federal Employer Identification number (26-0327413) for A&K All Pro Cleaning, LLC as requested in your letter dated May 22nd.

We do apologize for this oversight and if you should have any questions or need additional information, please do not hesitate to contact me at the number below.

Yours truly,

Karen Ross

A&K All Pro Cleaning, LLC.

904-708-6869