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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Section Division of Corporations	
SUB.	JECT: CLEA	ANING TEAM USA, LLC
	Name of	Limited Liability Company
Dear	Sir or Madam:	
The e	enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	g this matter to the following:
	W.F. SIMS	
	Name of Person	· · · · · · · · · · · · · · · · · · ·
	CLEANING TEAM USA, LL	С
	Firm/Company	<u> </u>
	3275 S. JOHN YOUNG PKWY., SU Address	JITE# 153
	•	
	KISSIMMEE, FL 34746 City/State and Zip Code	
	E-mail address: (to be used for future annual report a	notification)
For fi	urther information concerning this matt	ter, please call:
		at ()
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327
	Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	ng amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

SEATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	LEANING TEAM USA, LLC
2. (a) Principal office address of limited liability compar	ny: 3275 S. JOHN YOUNG PKWY.,
(Note: MUST BE STREET ADDRESS)	SUITE# 153 KISSIMMEE, FL 34746
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	PO BOX 423027 KISSIMMEE, FL 34742
06/25/2007	L07000066399
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	SIMS, WILLIEF
Registered Office Address:	830 N. JOHN YOUNG PKWY. STORY KISSIMMEE, FL 34742
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: N/A - ** NO CHANGE **
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3275 S. JOHN YOUNG PKWY SUITE# 153 KISSIMMEE ,FL 34746
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office
SIMS, WILLIE F Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the panal I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent