

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082272

FILED
Mar 17, 2008
Secretary of State

Entity Name: A.A.O.K.K. CLEANING SERVICES, LLC

Current Principal Place of Business:

3515 BLUE SPRUCE CT.
TALLAHASSEE, FL 323117712

New Principal Place of Business:

3515 BLUE SPRUCE CT.
TALLAHASSEE, FL 323117712 US

Current Mailing Address:

3515 BLUE SPRUCE CT.
TALLAHASSEE, FL 323117712

New Mailing Address:

3515 BLUE SPRUCE CT.
TALLAHASSEE, FL 323117712 US

FEI Number: 33-1206137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, ANGELA T
3515 BLUE SPRUCE CT.
TALLAHASSEE, FL 323117712 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, ANGELA T
Address: 3515 BLUE SPRUCE CT.
City-St-Zip: TALLAHASSEE, FL 323117712

Title: MGRM () Delete
Name: WILLIAMS, ALVIN
Address: 3515 BLUE SPRUCE CT.
City-St-Zip: TALLAHASSEE, FL 323117712

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, ANGELA T
Address: 3515 BLUE SPRUCE CT.
City-St-Zip: TALLAHASSEE, FL 323117712 US

Title: MGRM (X) Change () Addition
Name: WILLIAMS, ALVIN C
Address: 3515 BLUE SPRUCE CT.
City-St-Zip: TALLAHASSEE, FL 323117712 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANGELA T. WILLIAMS

MGRM

03/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date