

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082558

FILED
May 07, 2009
Secretary of State

Entity Name: AP CLEANING SERVICES, LLC.

Current Principal Place of Business:

950 S. PINE ISLAND ROAD
A-150
PLANTATION, FL 33324 US

New Principal Place of Business:

2409 UNIVERSITY DR.
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

950 S. PINE ISLAND ROAD
A-150
PLANTATION, FL 33324 US

New Mailing Address:

2409 UNIVERSITY DR.
CORAL SPRINGS, FL 33065 US

FEI Number: 26-0698246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROWLEY, ANNA K
1640 NW 93RD TERRACE
CORAL SPRINGS, FL 33071 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: MGR () Delete
Name: ROWLEY, ANNA K
Address: 1640 NW 93RD TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM () Delete
Name: ROWLEY, GREGORY A
Address: 1640 NW 93RD TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNA ROWLEY

MGR

05/07/2009

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