

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

2008 SEP 17 P 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08262008 Chg-LLC CR2E083 (12/06)

**DOCUMENT # L07000089695**

1. Entity Name  
**SPARKLING CLEANING SERVICES, LLC**



Principal Place of Business  
10170 MATCHLOCK DRIVE  
ORLANDO, FL 32821 US

Mailing Address  
10170 MATCHLOCK DRIVE  
ORLANDO, FL 32821 US

2. Principal Place of Business - No P.O. Box #  
**2909 Bonita circle**

3. Mailing Address  
**4417-13th ST**

Suite, Apt. #, etc.  
**# 324**

City & State  
**Kissimmee FL**

City & State  
**ST. Cloud FL**

Zip  
**34744**

Country  
**OSCCOLA / USA**

Zip  
**34769**

Country  
**OSCCOLA**

4. FEI Number  
**26-0829229**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PASTORE, GERALD R**  
10170 MATCHLOCK DRIVE  
ORLANDO, FL 32821

7. Name and Address of New Registered Agent

Name  
**Janeth Piedrahita**

Street Address (P.O. Box Number is Not Acceptable)  
**2909 Bonita circle**

City  
**Kissimmee**

FL  
**34744**

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 **Janeth Piedrahita** *[Signature]* **09-09-2008**

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 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PIEDRAHITA, JANETH<br>10170 MATCHLOCK DRIVE<br>ORLANDO, FL 32821 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Piedrahita, Janeth.<br>2909 Bonita circle.<br>Kissimmee, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 500135973695<br>09/16/08--01032--023 **143.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Janeth Piedrahita** *[Signature]* **09-09-08** **(407) 285-5306**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #