

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90138 002 \*\*\*138.75

DOCUMENT # L07000090035

1. Entity Name

A MOTHERS TOUCH CLEANING SERVICE, LLC



Principal Place of Business

1965 BONNIE COURT  
DUNEDIN FL 34698

Mailing Address

1965 BONNIE COURT  
DUNEDIN FL 34698



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1965 Bonnie Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

Dunedin FL

4. FEI Number

41-2277683

Applied For

Not Applicable

Zip

Country

Zip

Country

34698

Perinolas

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

A Mothers Touch Cleaning Service

Street Address (P.O. Box Number is Not Acceptable)

1965 Bonnie Ct

City

Dunedin

FL

Zip Code

34698

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

Jamie Tarantino

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4-28-08

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME TARANTINO, JAMIE M  
STREET ADDRESS 1965 BONNIE COURT  
CITY - ST - ZIP DUNEDIN FL 34698

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE MGRM ☐ Delete  
NAME WOODCOCK, COLLEEN K  
STREET ADDRESS 5704 BITTERSWEET DRIVE  
CITY - ST - ZIP HOLIDAY FL 34690

☐ Change ☐ Addition  
TITLE  
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jamie Tarantino

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

4-28-08

Date

Corporate Phone #