

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092053

FILED
Mar 01, 2008
Secretary of State

Entity Name: FAST HANDS CLEANING LLC

Current Principal Place of Business:

611 PONTE VEDRA LAKES BLVD. 2307
PONTE VEDRA, FL 32082

New Principal Place of Business:

Current Mailing Address:

611 PONTE VEDRA LAKES BLVD. 2307
PONTE VEDRA, FL 32082

New Mailing Address:

FEI Number: 32-0222995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: IANKO, EMESE
Address: 611 PONTE VEDRA LAKES BLVD. 2307
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM () Delete
Name: FILIPINYI, SANDOR
Address: 8090 ATLANTIC BLVD. APT E-20
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM () Delete
Name: FONTOS, FERENC
Address: 8090 ATLANTIC BLVD. APT E-20
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

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

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: EMESE IANKO

MGRM

03/01/2008

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