

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90230 012 ***143.75

DOCUMENT # L07000102014																										
1. Entity Name ABC RESIDENTIAL & COMMERCIAL CLEANING SERVICES LLC																										
Principal Place of Business 2706 CANDLE AVENUE KISSIMMEE, FL 34744			Mailing Address 2706 CANDLE AVENUE KISSIMMEE, FL 34744																							
2. Principal Place of Business - No P.O. Box # 1604 Destiny Blvd.		3. Mailing Address 1604 Destiny Blvd.																								
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202																								
City & State Kissimmee FL		City & State Kissimmee FL																								
Zip 34741	Country Osceola	Zip 34741	Country Osceola	4. FEI Number 26-1361971 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable																			
Applied For																										
Not Applicable																										
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent VALLET, SHAUN 2706 CANDLE AVENUE KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent <table border="1" style="width: 100%;"> <tr> <td colspan="2">Name Gloria Vallet</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 1604 Destiny Blvd.</td> </tr> <tr> <td colspan="2">202</td> </tr> <tr> <td>City Kissimmee</td> <td>FL Zip Code 34741</td> </tr> </table>			Name Gloria Vallet		Street Address (P.O. Box Number is Not Acceptable) 1604 Destiny Blvd.		202		City Kissimmee	FL Zip Code 34741													
Name Gloria Vallet																										
Street Address (P.O. Box Number is Not Acceptable) 1604 Destiny Blvd.																										
202																										
City Kissimmee	FL Zip Code 34741																									
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: DATE: 3/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
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																							
<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td>MGRM</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VALLET, GLORIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2706 CANDLE AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>KISSIMMEE, FL 34744</td> <td></td> </tr> </table>	TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	VALLET, GLORIA		STREET ADDRESS	2706 CANDLE AVENUE		CITY - ST - ZIP	KISSIMMEE, FL 34744		<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td>MGRM</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gloria Vallet</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1604 Destiny Blvd.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>202 KISSIMMEE FL 34741</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gloria Vallet		STREET ADDRESS	1604 Destiny Blvd.		CITY - ST - ZIP	202 KISSIMMEE FL 34741	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete																								
NAME	VALLET, GLORIA																									
STREET ADDRESS	2706 CANDLE AVENUE																									
CITY - ST - ZIP	KISSIMMEE, FL 34744																									
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	Gloria Vallet																									
STREET ADDRESS	1604 Destiny Blvd.																									
CITY - ST - ZIP	202 KISSIMMEE FL 34741																									
<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
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:			DATE: 3/25/08																							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>																							