

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102014

FILED
Apr 30, 2009
Secretary of State

Entity Name: ABC RESIDENTIAL & COMMERCIAL CLEANING SERVICES LLC

Current Principal Place of Business:

1604 DESTINY BLVD
202
KISSIMMEE, FL 34741

New Principal Place of Business:

1703 DESTINY BLVD
308
KISSIMMEE, FL 34741

Current Mailing Address:

1604 DESTINY BLVD
202
KISSIMMEE, FL 34741

New Mailing Address:

1703 DESTINY BLVD
308
KISSIMMEE, FL 34741

FEI Number: 26-1361971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLET, GLORIA
1604 DESTINY BLVD
202
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

VALLET, SHAUN L
1703 DESTINY BLVD
308
KISSIMMEE, FL 34741 US

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: SHAUN VALLET

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VALLET, GLORIA
Address: 1604 DESTINY BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM (X) Delete
Name: VALLET, SHAUN
Address: 1604 DESTINY BLVD
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALLET, SHAUN L
Address: 1703 DESTINY BLVD
City-St-Zip: KISSIMMEE, FL 34741

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: SHAUN VALLET

MGRM

04/30/2009

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