

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90013 016 \*\*\*143.75

<b>DOCUMENT # L07000106892</b> 1. Entity Name <b>SAMMY &amp; WENDY CLEANER, L.L.C.</b>					
Principal Place of Business <b>116 ROSEWOOD CT KISSIMMEE, FL 34743</b>			Mailing Address <b>116 ROSEWOOD CT KISSIMMEE, FL 34743</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>1025 MAIFAIR PL</b>		Suite, Apt. #, etc. <b>1025 MAIFAIR PL</b>			
City & State <b>KISSIMMEE FL</b>		City & State <b>KISSIMMEE FL</b>			
Zip <b>34758</b>		Country <b>USA</b>		4. FEI Number <b>26-1343893</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>REYNOSO, SAMUEL 116 ROSEWOOD CT KISSIMMEE, FL 34743</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Samuel Reynoso</i></u> (NOTE: Registered Agent signature required when transferring) DATE					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM REYNOSO, SAMUEL 116 ROSEWOOD CT KISSIMMEE, FL 34743</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Samuel Reynoso</i></u> <b>4/21/08 (321)662-2047</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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