

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000107239



1. Entity Name
ABSOLUTE 100% CLEANING SERVICES, L.L.C.

Principal Place of Business
2425 MISSION RD #904
TALLAHASSEE, FL 32304

Mailing Address
2425 MISSION RD #904
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #
15560 S.W. 106 In.
Suite, Apt. #, etc.
apt. 1311

3. Mailing Address
P.O. Box 2471

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Tallahassee, FL

Zip 33196 Country Leon

Zip 32304 Country Leon

6. Name and Address of Current Registered Agent

TULLOCH, NATASHA
2425 MISSION RD #904
TALLAHASSEE, FL 32304

Name Natasha Tulloch

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

15560 S.W. 106 In.

City Miami, FL Zip Code 33196

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 *Natasha Tulloch*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *5-1-08*

**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 MGR Delete
NAME TULLOCH, NATASHA
STREET ADDRESS 2425 MISSION RD #904
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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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: *Natasha Tulloch*

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

Date

Daytime Phone #

5-1-08

**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90023 002 ***143.75

60036949



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number **57-0652457** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required