


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90023 002 ***143.75

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
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2. Principal Place of Business - No P.O. Box # 15560 S.W. 106 Ln.	3. Mailing Address P.O. Box 2471
Suite, Apt. #, etc. apt. 1311	Suite, Apt. #, etc.
City & State Miami, FL	City & State Tallahassee, FL
Zip 33196	Zip 32304
Country Leon	Country Leon

60036949



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 57-0652457	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TULLOCH, NATASHA 2425 MISSION RD #904 TALLAHASSEE, FL 32304	
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7. Name and Address of New Registered Agent	
Name Natasha Tulloch	
Street Address (P.O. Box Number is Not Acceptable) 15560 S.W. 106 Ln.	
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 <i>Natasha Tulloch</i>	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TULLOCH, NATASHA 2425 MISSION RD #904 TALLAHASSEE, FL 32304 <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: <i>Natasha Tulloch</i>	DATE 5-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	