

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108405

FILED  
Sep 09, 2009  
Secretary of State

**Entity Name:** UNITED JANITORIAL PLUS, LLC

**Current Principal Place of Business:**

801 MILLARD STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

876 TAMARACK AVE.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

801 MILLARD STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

P.O. BOX 3837  
TALLAHASSEE, FL 32315

FEI Number: 26-2514636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUNTER, JENNIFER  
876 TAMARACK AVENUE  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GARYE, CHRISTOPHER  
Address: 801 MILLARD STREET  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: GARYE, CHRISTOPHER  
Address: P.O. BOX 3837  
City-St-Zip: TALLAHASSEE, FL 32315

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: CHRISTOPHER GARYE

OWNE

09/09/2009

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