2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117544

Title:

Name:

Address:

City-St-Zip:

MGR

GRIGSBY, MIKE

259 HOWELL AVE

(X) Delete

BROOKSVILLE, FL 34601 US

Entity Name: 4 BROTHERS COMMERCIAL CLEANING SERVICES, LLC

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:		
1936 BRUCE B DOWNS BLVD. #103				1936 BRUCE B DOWNS BLVD. #103			
	CHAPEL, FL 3	3543	US			CHAPEL, FL 33544	US
Current Mailing Address:					New Mailing Address:		
1936 BRUCE B DOWNS BLVD. #103					1936 BRUCE B DOWNS BLVD. #103		
	CHAPEL, FL 3	3543	US			CHAPEL, FL 33544	US
FEI Number:	26-1575700	FEI N	umber Applied For ()	FEI Nun	nber Not Appl	icable () Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
TUCCIARONE, JOSEPH R 1936 BRUCE B DOWNS BLVD. #103					TUCCIARONE, JOSEPH R 1936 BRUCE B DOWNS BLVD. #103		
WESLEY CHAPEL, FL 33543 US					WESLEY CHAPEL, FL 33544 US		
	named entity s of Florida.	submits	this statement for the p	ourpose o	f changing it	ts registered office or r	egistered agent, or bot
SIGNATURE:					04/17/2008		
Electronic Signature of Registered Agent					Date		
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGR () TUCCIARONE, 11329 HOLLYG TAMPA, FL 330	SLEN DR			Title: Name: Address: City-St-Zip:	() Change (()Addition
Title: Name: Address: City-St-Zip:	ss: 31734 HOLCOMB PASS				Title: Name: Address: City-St-Zip:	() Change (() Addition
Title: Name: Address: City-St-Zip:	MGR () BROWN, SHAV 9813 LA RITA F RIVERVIEW, FI	PLACE			Title: Name: Address: City-St-Zip:	MGR (X) Change GRIGSBY, MIKE 259 HOWELL AVE BROOKSVILLE, FL 3460	` '

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JOSEPH R TUCCIARONE MGR 04/17/2008