2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
02-08-2008 90096 023 ***138.75

DOCUMENT # L07000117967
1. Entity Name
FRESH-N-UP CARPET & TILE CLEANING LLC

Principal Place of Business	Mailing Address
23311 MACDOUGALL AVE PORT CHARLOTTE, FL 33980	23311 MACDOUGALL AVE PORT CHARLOTTE, FL 33980

30001623

02052008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
23311 MacDougall AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: Port Charlotte Florida	City & State: SAME
Zip: 33980 Country: USA	Zip: SAME Country: SAME

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOFSTEN, BRIAN C
23311 MACDOUGALL AVE
PORT CHARLOTTE, FL 33980

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Brian Lofsten -owner- [signature] 2-5-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	[redacted] MANAGER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRIAN LOFSTEN	NAME	
STREET ADDRESS	23311 MACDOUGALL AVE	STREET ADDRESS	
CITY-ST-ZIP	PORT Charlotte FL 33980	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 2-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #