


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90023 026 \*\*\*138.75

DOCUMENT # L07000124140					
1. Entity Name <b>CLAUDIA FULLER CLEANING LLC</b>					
Principal Place of Business <b>646 OLYMPIC DR OCOE, FL 34761</b>			Mailing Address <b>646 OLYMPIC DR OCOE, FL 34761</b>		
2. Principal Place of Business - No P.O. Box # <b>646 OLYMPIC DR</b>		3. Mailing Address <b>646 OLYMPIC DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>OCOE, FLORIDA</b>		City & State <b>OCOE, FLORIDA</b>			
Zip <b>34761</b>	Country <b>ORANGE</b>	Zip <b>34761</b>	Country <b>ORANGE</b>	03072008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FULLER, CLAUDIA 646 OLYMPIC DR OCOE, FL 34761			Name <b>CLAUDIA M. FULLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>646 OLYMPIC DR.</b> City <b>OCOE</b> FL Zip Code <b>34761</b>		
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>Claudia M. Fuller</i>			DATE <b>MAR-07-08</b>		
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER, CLAUDIA 646 OLYMPIC DR OCOE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER CLAUDIA M. 646 OLYMPIC DR. OCOE, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER KELLY M. 646 OLYMPIC DR. OCOE, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELGADILLO LAURA M. 646 OLYMPIC DR. OCOE, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Claudia M. Fuller</i>			DATE <b>MAR-07-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					