

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124706

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** MY MAID OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

2701 CRAWFORDVILLE HWY. #251  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

42 MOSE GAVIN LANE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

42 MOSE GAVIN LANE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

2701 CRAWFORDVILLE HWY  
251  
CRAWFORDVILLE, FL 32327

FEI Number: 26-1691760      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:**

DALE, BRENDA  
2701 CRAWFORDVILLE HWY. #251  
CRAWFORDVILLE, FL 32327      US

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

DALE, BRENDA  
42 MOSE GAVIN LANE  
CRAWFORDVILLE, FL 32327      US

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: \_\_\_\_\_

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS. ( ) Change (X) Addition  
Name: DALE, BRENDA  
Address: 42 MOSE GAVIN LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: BRENDA DALE

OWNE

05/01/2008

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