2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019343

Entity Name: TOP TO BOTTOM CLEANING AND ORGANIZING, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
938 NINA ELIZABETH CIR. APT. #304 BRANDON, FL 33510	142 CHURCH STREET VALRICO, FL 33594

Current Mailing Address:	**New Mailing Address:**
938 NINA ELIZABETH CIR. APT. #304 BRANDON, FL 33510	142 CHURCH STREET VALRICO, FL 33594

FEI Number: 26-2128430   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BELCHER, CONNIE D 938 NINA ELIZABETH CIR. APT. #304 BRANDON, FL 33510 US	BELCHER, CONNIE D 142 CHURCH STREET VALRICO, FL 33594 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: _____   01/15/2009
        Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

			ADDITIONS/CHANGES:		
Title:	MGR	( ) Delete	Title:	MGR	(X) Change ( ) Addition
Name:	BELCHER, CONNIE D		Name:	BELCHER, CONNIE D	
Address:	938 NINA ELIZABETH CIR. APT. #304		Address:	142 CHURCH STREET	
City-St-Zip:	BRANDON, FL 33510 US		City-St-Zip:	VALRICO, FL 33594 US	
Title:	MGR	( ) Delete	Title:		( ) Change ( ) Addition
Name:	CONWAY, ROBERT T		Name:		
Address:	10405 CONWAY ESTATES		Address:		
City-St-Zip:	LITHIA, FL 33547		City-St-Zip:		

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: CONNIE D. BELCHER   MGR.   01/15/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date