2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000043606

Entity Name: HIGH STANDARD CLEANING SERVICE, LLC

Current Principal Place of Business:

4844 CYPRESS WOODS DR APT. 383
ORLANDO, FL 32811

New Principal Place of Business:

4876 CYPRESS WOODS DR.
APT 126
ORLANDO, FL 32811

Current Mailing Address:

4876 CYPRESS WOODS DR. APT. 126
ORLANDO, FL 32811

New Mailing Address:

3751 CONROY RD
APT. 2331
ORLANDO, FL 32811

FEI Number: 26-2529734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAUJO, NIEDJA AGRA
4876 CYPRESS WOODS DR APT. 126
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ARAUJO, NIEDJA AGRA
Address: 4070 CYPRESS WOODS DR APT. 120
City-St-Zip: ORLANDO, FL 32811

Title: MGRM ( ) Delete
Name: DA SILVA, NUBIA AGRA
Address: 4876 CYPRESS WOODS DR APT. 126
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARAUJO, NIEDJA AGRA
Address: 4876 CYPRESS WOODS DR APT. 126
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Change ( ) Addition
Name:
Address:
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: NIEDJA AGRA ARAUJO NAA 04/29/2009

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