

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054705

FILED
May 03, 2009
Secretary of State

Entity Name: SUDS DOMESTIC SERVICES, LLC

Current Principal Place of Business:

17033 S DIXIE HIGHWAY
MIAMI, FL 33157

New Principal Place of Business:

17033 S DIXIE HIGHWAY
SUITE D
MIAMI, FL 33157

Current Mailing Address:

17033 S DIXIE HIGHWAY
MIAMI, FL 33157

New Mailing Address:

17033 S DIXIE HIGHWAY
SUITE D
MIAMI, FL 33157

FEI Number: 26-2725238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

JACKSON, NOELLE R
17033 S DIXIE HIGHWAY
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

JACKSON, NOELLE R
17033 S DIXIE HIGHWAY
SUITE D
MIAMI, FL 33157 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:

05/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACKSON, NOELLE R
Address: 17033 S DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33157

Title: MGRM (X) Delete
Name: TEAGUE, THOMAS I III
Address: 17033 S. DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NOELLE R. JACKSON

MGRM

05/03/2009

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