

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058953

**FILED**  
**Feb 22, 2009**  
**Secretary of State**

**Entity Name:** MER-MAID'S CLEANING OF ST. JOHN'S COUNTY LLC

**Current Principal Place of Business:**

6680 MADISON STREET  
UNIT A  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

6680 MADISON STREET  
UNIT A  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

SARGENT, AMELIA E MS.  
6680 MADISON STREET  
UNIT A  
ST. AUGUSTINE, FL 32080 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: MGR ( ) Delete  
Name: SARGENT, AMELIA E MS.  
Address: 6680 MADISON STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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: AMELIA SARGENT

MS.

02/22/2009

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