

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066787

FILED
May 21, 2009
Secretary of State

Entity Name: FILTH-B-GONE CLEANING SERVICE, LLC

Current Principal Place of Business:

2044 KEY LIME STREET
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

2044 KEY LIME STREET
OCOE, FL 34761 US

New Mailing Address:

831 SILVERTIP RD
APOKA, FL 32712 US

FEI Number: 26-2958958 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:

STACHOWICZ, RACHELLE
2044 KEY LIME STREET
OCOE, FL 34761 US

Name and Address of New Registered Agent:

STACHOWICZ, KRISTI
2044 KEY LIME STREET
OCOE, FL 34761 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: KRISTI STACHOWICZ

05/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STACHOWICZ, KRISTI
Address: 831 SILVERTIP RD
City-St-Zip: APOKA, FL 32712 US

Title: MGRM () Delete
Name: STACHOWICZ, RACHELLE
Address: 2044 KEY LIME STREET
City-St-Zip: OCOE, FL 34761 US

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: KRISTI STACHOWICZ

MGRM

05/21/2009

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