

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082633

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: BONNIE CLEANING SERVICES LLC

## Current Principal Place of Business:

1616 MCCASKILL AVE. APT. 205A  
TALLAHASSEE, FL 32310

## New Principal Place of Business:

## Current Mailing Address:

1616 MCCASKILL AVE. APT. 205A  
TALLAHASSEE, FL 32310

## New Mailing Address:

FEI Number: 38-3789089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLAOGUN, MICHAEL S  
1613 MCCASKILL AVE. APT. 7  
TALLAHASSEE, FL 32310 US

## Name and Address of New Registered Agent:

OLAOGUN, MICHAEL S  
1535 MCCASKILL AVE APT. 6  
TALLAHASSEE, FL 32310 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: MICHAEL S OLAOGUN

03/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BONNIE, GLORIA  
Address: 1616 MCCASKILL AVE. APT. 205A  
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM ( ) Delete  
Name: BONNIE, GINA  
Address: 1616 MCCASKILL AVE. APT. 205A  
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM ( ) Delete  
Name: OKUMGBA, TAMINUOIBUME  
Address: 1613 MCCASKILL AVE. APT. 7  
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM ( ) Delete  
Name: BONNIE, GLORIA  
Address: 1613 MCCASKILL AVE. APT. 7  
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

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

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

Title: MGRM ( ) Change (X) Addition  
Name: OLAOGUN, MICHAEL S  
Address: 1535 MCCASKILL AVE APT. 6  
City-St-Zip: TALLAHASSEE, FL 32310

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: MICHAEL S OLAOGUN

MGRM

03/26/2009

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