

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000125

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: AFFINITY CLEANING SERVICES, LLC

**Current Principal Place of Business:**

3004 MINNESOTA AVENUE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1629  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 11-3936103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RETFERFORD, REBECCA  
3004 MINNESOTA AVENUE  
LYNN HAVEN, FL 32444 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: MADDOX, RICHARD  
Address: 2817 LONGLEAF ROAD  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR ( ) Delete  
Name: PLEDGER, MICHAEL  
Address: 1605 SYDNEY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR ( ) Delete  
Name: RETFERFORD, REBECCA  
Address: P.O. BOX 196  
City-St-Zip: LYNN HAVEN, FL 32444

**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:

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: REBECCA RETFERFORD

MGR

03/20/2009

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