

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102619

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** SPIRIT OF EXCELLENCE CLEANING SERVICES LLC.

**Current Principal Place of Business:**

1091 GALLOP DRIVE  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1091 GALLOP DRIVE  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

**FEI Number:** 27-1170609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NO LIMIT NO BOUNDARY ENTERPRISES INC  
4442 RIBBLESDALE LANE  
ORLANDO, FL 32808 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  
**Name:** PAUL, ZADIE M  
**Address:** 1091 GALLOP DRIVE  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** MGRM  
**Name:** HENDRICKS, SASHA  
**Address:** 1662 SW ALVATON AVENUE  
**City-St-Zip:** PORT ST LUCIE, FL 34953 US

I hereby 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:** ZADIE PAUL

PRES

01/13/2010

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