

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040985

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** AMAZ'N HEALTHCARE & CLEANING SERVICES, LLC.

**Current Principal Place of Business:**

2820 LK SUNSET DR  
ORLANDO, FL 328053059

**New Principal Place of Business:**

2820 LK SUNSET DR  
ORLANDO, FL 32805 US

**Current Mailing Address:**

2820 LK SUNSET DR  
ORLANDO, FL 328053059

**New Mailing Address:**

2820 LK SUNSET DR  
ORLANDO, FL 32805 US

**FEI Number:** 61-1615696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIS-EDMONDSON, JOANN B  
2820 LK SUNSET DR  
ORLANDO, FL 328053059 US

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

WILLIS-EDMONDSON, JOANN B MGR  
2820 LK SUNSET DR  
ORLANDO, FL 32805 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: JOANN B. WILLIS-EDMONDSON

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILLIS-EDMONDSON, JOANN B MGR  
Address: 2820 LK SUNSET DR  
City-St-Zip: ORLANDO, FL 32805 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: JOANN B. WILLIS-EDMONDSON

MGR

04/28/2011

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