# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2011**
**Secretary of State**

DOCUMENT# L10000053739

**Entity Name:** MOBILE MEDICAL SANITIZING SERVICES LLC

**Current Principal Place of Business:**

2270 ASPEN RD
PUNTA GORDA, FL 33982 US

**New Principal Place of Business:**

5081 JACK BRACK ROAD
SAINT CLOUD, FL 34771 US

**Current Mailing Address:**

P.O. BOX 510843
PUNTA GORDA, FL 33951 US

**New Mailing Address:**

5081 JACK BRACK ROAD
SAINT CLOUD, FL 34771 US

**FEI Number: 27-2801289** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TUCKER, KRISTA M
2270 ASPEN RD
PUNTA GORDA, FL 33982 US

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

TUCKER, KRISTA M
5081 JACK BRACK ROAD
SAINT CLOUD, FL 34771 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: KRISTA M. TUCKER 04/29/2011
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: TUCKER, KRISTA M
Address: 5081 JACK BRACK ROAD
City-St-Zip: SAINT CLOUD, FL 34771

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 Statues.

SIGNATURE: KRISTA M. TUCKER MGR 04/29/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date