FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



APPROVED FILED
LITTLY

A	ANNUAL REPORT 1997 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								97 FEB -5 PM 2: 03				
FILING \$ 203.	.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9400000356 NATIONAL BUILDING MAINTENANCE OF ALABAMA,													
L.C.							1a. Princi	1a. Principal Place of Business Address					
5005 N HESPERIDES ST TAMPA FL 33614									5005 N HESPERIDES ST TAMPA FL 33614				
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address								3. Date C	3. Date Organized or Qualified Sa. State of Formation				
z. Principal Flace of pusitions				an man	ng rico.coc								
Suite, Apt. #, etc.				Suite, Apt. #, etc.					07/27/1994 FL 4. FEI Number				
City & State				City & State				-	Applied For				
City & State				City & State								Not Applicable	
Zιρ	ip Country			Zip		Countr	У	5. Date of	f Last Report			cate of Status Desired	
								02/19				idum al Fee Resquited	
	7. Nar	ne and Address	s of Current R	egistered	Agent		8. Name and Address of New Re				pistered A	gent	
ARDREY, D. GREGORY 5005 N HESPERIDES ST TAMPA FL 33614							Sulte, Apt. #, 6	FL					
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE Changing DATE													
10. Title	Managing Members/Managers				Business Street Address					City,	State and	Zip Code	
		NAL BUII				-	ERIDES ERIDES		TAMP		_		
									90000 -02 **	021 /07/ **20	2001 197-0 13.75	9091 1097003 ****203.75	
11. idohe	reby certify t	hat the informatic	on supplied with	this filing o	loes not qualif	y for the ex	emption stated in	Section 119.07	7(3) (i), Florida Sta	dutes. I	furtherce	rtify that the information	

indicated on this annual report is true and accurate and that by 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 empewered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER