File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L9600000286

DANA'S HOUSEKEEPING & COMMERCIAL CLEANING, 1a. Principal Place of Business Address

107 MARSHALL STREET SAFETY HARROR ET. 34605

FILED

98 APR 15 AM 9: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

107 MARSHALL STREET SAFETY HARBOR ET. 34695

SALEII MARDON FII 34093								SAFETT NARBOR FIL 34093					
2. Principal Place of Business			2a. Maili	2a. Mailing Address				3. Date Organize	3a. State of Formation				
Had C Account AC AU				•			- 1	•					
HOL S. ALCIURAS AU Suite, Apt. #, etc. S			Suite An	Suite, Apt. #, etc.				03/08/1	FL				
-JUITE DI]	Salte, riprin, old.				4. FEI Number Applied For					
City & State			City & Str	City & State				→ 5 7 = 33 / 02 / / □					
			J Oily a Oil	Sky & Slave				APPLIED	Not Applicable				
CLEANWATER, FL Zip Country			7.0	Zip Country				5. Date of Last R	6. Certificate of Status Desired				
33765 PINICAS			l zib	Zip Count			´ ¦				\$8.75 Additional Fee Briquired		
								03/27/1					
	7. Name	and Address of Curren				lame and Address of New Registered Agent/Office							
						Name				**			
BROOKS, J H													
107 MARSHALL STREET						Street Address (P.O. Box Number is Not Acceptable)							
SAFETY HARBOR FL 34695						200002498512 7 Suite, Apt. #, etc.							
					Suite, Apt. #, etc.				7 38- ~U	1110	5 U1 (
									कककक्⊥:	55.15	本本年	**188.75	
•					City					Zip Code			
					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 [Registered Agent Accepting Appointment] (NOTE Registered Agent signature required when reinstating)													
10. Title	Managing Members/Managers			Business Street Address					State and Zip Code				
ſ	BROOKS	S, J H S, DARLENE 1	<u>.</u>			ALL STI			SAFETY SAFETY		BOR	FL	
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11 John	ehy certify that t	the information supplied w	vith this filing d	nes not quelify	fortheev	emption stated	lin Ser	tion 119 07/31/6 5	iorida Statutes	furthercerti	- ifythatt	he information	
Indiana a			d 15 - 1	to a street of the literature							۱۱ دمداند بر. مادد مادما		

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

TURE AND TYPLD OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER