

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90099 008 ****55.00

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1. Entity Name
AIRWAY CLEANERS, LLC



Principal Place of Business
**15 CLINTON AVENUE
ROCKVILLE CENTRE, NY 11570**

Mailing Address
**15 CLINTON AVENUE
ROCKVILLE CENTRE, NY 11570**



06302005 No Chg-LLC

CP2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3498797

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CATANESE, FREDERICK
11 NORTH GOLFVIEW ROAD, #101
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CATANESE, FREDERICK
31 CHARLESTON DRIVE
HUNTINGTON, NY 11743**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CATANESE, ERNEST
56 ESTATES TERRACE NORTH
MANHASSET, NY 11030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEPHILLIPS, CATHERINE
384 NASSAU AVENUE
MANHASSET, NY 11030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Member 6/30/05