

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001952

**FILED**  
**Apr 20, 2005**  
**Secretary of State**

**Entity Name:** CARRERA CLEANING SERVICE, INC.

**Current Principal Place of Business:**

21 SADDLE LN.  
CARTERSVILLE, GA 30121

**New Principal Place of Business:**

**Current Mailing Address:**

21 SADDLE LN.  
CARTERSVILLE, GA 30121

**New Mailing Address:**

FEI Number: 58-2591499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARRERA, AURELIO  
693 NE 167TH ST  
NORTH MIAMI BEACH, FL 33162 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: CP ( ) Delete  
Name: LOYD, MARTHA  
Address: 21 SADDLE LN.  
City-St-Zip: CARTERSVILLE, GA 30121

Title: VCVS ( ) Delete  
Name: LOYD, WILLIAM  
Address: 21 SADDLE LN.  
City-St-Zip: CARTERSVILLE, GA 30121

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOYD, MARTHA  
Address: 21 SADDLE LN.  
City-St-Zip: CARTERSVILLE, GA 30121

Title: MGR (X) Change ( ) Addition  
Name: LOYD, WILLIAM  
Address: 21 SADDLE LN.  
City-St-Zip: CARTERSVILLE, GA 30121

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM LOYD

MGR

04/20/2005

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