


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90037 023 ***138.75

DOCUMENT # M07000006849	
1. Entity Name UNIVERSAL BUILDING MAINTENANCE PALM BEACH, LLC	

Principal Place of Business 535 N. FREEDOM STREET RAVENNA, OH 44266	Mailing Address 535 N. FREEDOM STREET RAVENNA, OH 44266
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2. Principal Place of Business - No P.O. Box # 308 5th St. Jupiter, FL 33458 Suite, Apt. #, etc.	3. Mailing Address 535 N Freedom St. Ravenna, OH 44266 Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country USA	Zip	Country USA
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60039128



04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 05-1310949	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTIN, JUNE L 308 5TH STREET JUPITER, FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *June Martin* DATE 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORNILOV, EUGENE 308 5TH STREET JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *June Martin* DATE 4/30/08 DAYTIME PHONE # 330-256-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE