

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116729

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: G B ESTRADA QUALITY CLEANING LLC

**Current Principal Place of Business:**

820 BURCH AVE.  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

820 BURCH AVE.  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 20-3900901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESTRADA, GERONIMA B  
820 BURCH AVE.  
WINTER GARDEN, FL 34787 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/MANAGERS:**

Title: MGM ( ) Delete  
Name: ESTRADA, GERONIMA B  
Address: 820 BURCH AVE.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete  
Name: LOPEZ, GLORIA  
Address: 820 BURCH AVE.  
City-St-Zip: WINTER GARDEN, FL 34797

Title: MGRM ( ) Delete  
Name: FLORES, MINERVA  
Address: 820 BURCH AVE.  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GERONIMA B. ESTRADA

MGM

04/28/2006

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