

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099646

**Entity Name:** IMMACULATE CAREERS LLC

**Current Principal Place of Business:**

1125 NE 125TH ST  
SUITE 103  
NORTH MIAMI , FL 33161

**Current Mailing Address:**

P.O BOX 641005  
NORTH MIAMI BEACH, FL 33164 US

**FEI Number:** 45-5305927

**Certificate of Status Desired:** No

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

REMOGENE-EXUME, MANOUSHKA R  
1125 NE 125TH ST  
SUITE 103  
NORTH MIAMI , FL 33161 US

*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:** MANOUSHKA REMOGENE-EXUME

03/13/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name REMOGENE-EXUME, MANOUSHKA R  
Address PO BOX 641005  
City-State-Zip: NORTH MIAMI BEACH FL 33164

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MANOUSHKA REMOGENE-EXUME

MGR

03/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date