Authorized Person(s) Detail :		
	Electronic Signature of Registered Agent	Date
SIGNATURE:	MANOUSHKA REMOGENE-EXUME	04/27/2016
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.		
REMOGENE-EXUME, MANOUSHKA R 1175 NE 125TH ST SUITE 203 NORTH MIAMI , FL 33161 US		
Name and Address of Current Registered Agent:		
FEI Number: 45-5305927		Certificate of Status Desired: No
P.O BOX 6410 NORTH MIAM	05 I BEACH, FL 33164 US	

Title

Name

Address

City-State-Zip:

PRESIDENT

EXUME, NICSON

1175 NE 125TH ST SUITE 203

NORTH MIAMI FL 33161

# Entity Name: IMMACULATE CAREERS LLC **Current Principal Place of Business:**

DOCUMENT# L12000099646

1175 NE 125TH ST SUITE 203 NORTH MIAMI, FL 33161

## **Current Mailing Address:**

### FE

Title

Name Address

City-State-Zip:

#### Na

REMOGENE-EXUME, MANOUSHKA R

NORTH MIAMI BEACH FL 33164

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

PRESIDENT

PO BOX 641005

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

PRESIDENT

04/27/2016

Date

Electronic Signature of Signing Authorized Person(s) Detail