that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: EZ HOOD CLEANING, LLC

4474 WESTON RD 272 DAVIE, FL 33331

Current Mailing Address:

DOCUMENT# L15000111247

4474 WESTON RD 272 DAVIE, FL 33331 US

FEI Number: 47-4530817

Name and Address of Current Registered Agent:

ACCOUNTAX OFFICE SERVICES, CORP. 7590 NW 186 ST 108 MIAMI, FL 33015 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:

Electronic Signature of Registered Agent

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail ·

City-State-Zip: WESTON FL 33326

Authorized Person(s) Detail :			
Title	AMBR	Title	MANAGER
Name	SALAZAR, MADELEINE	Name	ARIAS, MAYERLINE
Address	201 RACQUET CLUB RD S421	Address	201 RACQUET CLUB RD S421
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326
Title	SECRETARY		
Name	SALAZAR VASQUEZ, JHONATTAN		
Address	201 RACQUET CLUB RD S421		

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

SIGNATURE: SALAZAR, MADELEINE

AMBR

04/23/2024

Certificate of Status Desired: No

Date

Date