

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000126214

**Entity Name:** MAIDS OF THE CITY LLC

**Current Principal Place of Business:**

11013 WIZARD WAY  
206  
ORLANDO, FL 32836

**FILED**  
**Mar 21, 2016**  
**Secretary of State**  
**CC0631969181**

**Current Mailing Address:**

3220 ARROWHEAD LANE .  
KISSIMMEE , FL 34746 US

**FEI Number:** 47-4842727

**Certificate of Status Desired:** Yes

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

GONZALEZ, MARIA C MS.  
11013 WIZARD WAY  
206  
ORLANDO, FL 32836 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            GONZALEZ, MARIA C MS.  
Address        11013 WIZARD WAY APT. 206  
City-State-Zip: ORLANDO FL 32836

Title            MGR  
Name            GALAY, NITZA L MS.  
Address        11013 WIZARD WAY APT. 206  
City-State-Zip: ORLANDO FL 32836

*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:** MARIA C GONZALEZ

**MS**

**03/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date