

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000087846

Entity Name: CERTIFIED MAIDS LLC

Current Principal Place of Business:

521 NW 5TH STREET
BOYNTON BEACH, FL 33435

Current Mailing Address:

5901 NW 17TH PL APT 202
SUNRISE, FL 33313 US

FEI Number: 82-5156654

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELVA, VENASSA
5901 NW 17TH PL APT 202
SUNRISE, FL 33313 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: VENASSA DELVA

08/11/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name DELVA, VENASSA
Address 5901 NW 17TH PL APT 202
City-State-Zip: SUNRISE FL 33313

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: VENASSA DELVA

OWNER

08/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date