

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000010089

**Entity Name:** CARISE CHERELUS SERVICES, LLC

**Current Principal Place of Business:**

4846 N. UNIVERISTY DR.  
413  
LAUDERHILL, FL 33351

**Current Mailing Address:**

4846 N. UNIVERISTY DR.  
413  
LAUDERHILL, FL 33351 US

**FEI Number:** 86-3086039

**Certificate of Status Desired:** Yes

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

CHERELUS, CARISE  
4846 N. UNIVERISTY DR.  
413  
LAUDERHILL, FL 33351 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           MANAGER  
Name            CHERELUS, CARISE  
Address         4846 N. UNIVERISTY DR. #413  
City-State-Zip: LAUDERHILL FL 33351

*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:** CARISE CHERELUS

**MANAGER**

**04/23/2021**

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

\_\_\_\_\_  
Date