

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90225 018 ****50.00

DOCUMENT # L00000001074

1. Entity Name
M.J. CLEANING SERVICES, L.L.C.

Principal Place of Business
**709 51ST AVE. DRIVE WEST
 BRADENTON FL 34207**

Mailing Address
**709 51ST AVE. DRIVE WEST
 BRADENTON FL 34207**

2. Principal Place of Business
611 51ST AVE WEST
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 999
 Suite, Apt. #, etc.

City & State
BRADENTON, FL
 Zip
34207
 Country
FLORIDA

City & State
ONECO, FL
 Zip
34264-0999
 Country
FLORIDA

4. FEI Number **65-0976593**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSE, MARIA C
 709 51ST AVE. DR., WEST
 BRADENTON FL 34207**

7. Name and Address of New Registered Agent

Name
MARIA C ROSE

Street Address (P.O. Box Number is Not Acceptable)

611 51ST AVE WEST

City
BRADENTON FL Zip Code
34207

8. 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 **MARIA C ROSE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/02
 DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
 NAME
ROSE, MARIA C
 STREET ADDRESS
709 51ST AVE. DRIVE WEST
 CITY-ST-ZIP
BRADENTON FL 34207

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
SAME
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

**611 51ST AVE WEST
 BRADENTON, FL 34207**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: MARIA C ROSE **4/26/02** **941-758-6308**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)