∞ .	
3	
~	
ъ.	
_	
9	

DOCUMENT # LOOOOC 1. Entity Name CUSTOM CLEANING SOLUTIONS,		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address				01 SEP 25 PM 10: 58			
2150 JO-AN DR SARASOTA FL 34231			W 321 23 1110 30				
2. Principal Place of Business	3. Mailing Address						
2150 JO-AN DR.			_				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN	I THIS SPACE		
SARASOTA, FL.		4. FEI Number Applied For Not Applicable					
34231 Country	Zip	Country	5. Cert	5. Certificate of Status Desired Status Desired Fee Required			
6. Name and Address of Curren	t Registered Agent	Name	7. Nam	e and Address of New Regis	stered Agent		
PREWITT, DANIEL L 5777 BENEVA ROAD SOUTH			Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34233	City	City FL Zip Code					
8. The above named entity submits this statement if	registered office or re	red office or registered agent, or both, in the State of Florida.					
SIGNATURE							
Signature, typed or printed name of registered ager		Registered Agent signature r		ing)	DATE		
	Make Check Pay	yable to Departme	nt of State				
**		September 26, 20	01				
9. MANAGING MEMB	ERS/MANAGERS Delete	10.		ADDITIONS/CHA	ANGES Change	Addition 5	:
NAME STEFIL, GERALD C STREET ADDRESS 2150 JO-AN DR CITY-ST-ZIP SARASOTA FL 34231		NAME STREET ADDRESS CITY-ST-ZIP			O'migo	Addition Addition Addition Addition Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE - NAME. STREET ADDRESS CITY-ST-ZIP		30000467 -09/28/01 *****50.	01069 <u>L</u>	□ Addition 008 00.00	 £
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	,
TITLE NAME STREET ADDRESS CITY-57-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE ANAME STREET ADDRESS CITY-ST-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
11. I hereby certify that the information supplied wit indicated on this report is true and accurate and limited liability company of the receiver or truster SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF THE PRINTED NAME	Stalkova	PERA (LO	STEF 2	07(3)(i), Florida Statutes. I furli oath; that I am a managing r rida Statutes.	ner certify that the innember or manage	of ormation r of the	

STAPLE CHECK HERE