FILED
Jun 19, 2002 8:00 am
Secretary of State
05-12-2002 90576 049 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000180

1. Entity Name
CHANDAN CLEANERS & VALET L.L.C

DO NOT WRITE IN THIS SPACE

[redacted]

94178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5800 LAKE UNDERHILL RD. Suite, Apt. #, etc.	12340 ACCIPITER Dr Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO, FL
Zip: 32807-4366 Country: US	Zip: 32837 Country: US

4. FEI Number: 122743098 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KAUR, SARBJIT

Street Address (P.O. Box Number is Not Acceptable): 12340 ACCIPITER DR

City: ORLANDO FL Zip Code: 32837

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: Sarbjit Kaur
Signature, typed or printed name of registered agent and title if applicable

DATE: 04/22/02

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: SINGH, SATPAL (MANAGER MEMBER) 12340 ACCIPITER DR ORLANDO, FL 32837	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MANAGER MEMBER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
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CR2E083B (12/01)

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: S. Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 04/22/02

Daytime Phone #