FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90017 011 ****50.00

LIMITEDLIABILITYCOMPANY UNIFORMBUSINESSREPORT(UBR)

DOCUMENT# L01000002439

1. EntityName
Business Essentials Cleaning Service, LLC

DO NOT WRITE IN THIS SPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
2539 Abacus Court	P.O. Box 950506
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State: Lake Mary, FL	City&State: Lake Mary, FL
Zip: 32746 Country: U.S.A	Zip: 32795-0506 Country: U.S.A.

DONOTWRITEINTHISSPACE

4. FEINumber 593696662 — AppliedFor / NotApplicable

5. CertificateofStatusDesired ☐ $5.00 Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent
Name: Andrea Iturrieta
StreetAddress (P.O. BoxNumberisNotAcceptable): 2539 Abacus Court
City: Lake Mary, FL ZipCode: 32746

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,or both,intheStateofFlorida.

SIGNATURE ______________________ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable.

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

9. MANAGINGMEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Andrea Iturrieta	NAME	
STREETADDRESS	2539 Abacus Court	STREETADDRESS	
CITY-ST-ZIP	Lake Mary, FL 32746	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Emilio D'Andrea	NAME	
STREETADDRESS	2539 Abacus Court	STREETADDRESS	
CITY-ST-ZIP	Lake Mary, FL 32746.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREETADDRESS		STREETADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
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STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: Emil D'Andrea 3/25/02 (407) 256-7193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE — Date — DaytimePhone#