

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

02-18-2002 90175 026 ****50.00

DOCUMENT # L01000002835

1. Entity Name

BRAZILIAN CLEANING SERVICE, LLC

Principal Place of Business

3652 QUIET POND LANE
SARASOTA FL 34235

Mailing Address

3652 QUIET POND LANE
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1080232

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFINGER, ENOLA H
4509 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34233

Name

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

Suite C

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete
 NAME **NEVES, LEONARDO**
 STREET ADDRESS **3652 Quiet Pond Lane**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MANAGER** ☐ Delete
 NAME **LINHARES, SHYANNE**
 STREET ADDRESS **3652 Quiet Pond Lane**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
LEONARDO NEVES

02/06/02

366 9123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (9/01)