

2002 UNIFORM BUSINESS REPORT (UBR)

0001529

DOCUMENT # L01000005761

1. Entity Name

PREFERRED CLEANING, LLC

FILED

02 SEP 23 PM 2:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business

2250 NANNAS LOOP
TALLAHASSEE FL 32303

Mailing Address

2250 NANNAS LOOP
TALLAHASSEE FL 32303

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

59-3636220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIDNER, DEBBIE
2250 NANNAS LOOP
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

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

Debbie Widner Pearson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

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

800008112598--3
-10/01/02--01008--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME WIDNER, DEBBIE P
STREET ADDRESS 2250 NANNAS LOOP
CITY-ST-ZIP TALLAHASSEE FL 32303
Name Change to Debbie Pearson

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

TITLE MGRM
NAME WIDNER, TERRY
STREET ADDRESS 2250 NANNAS LOOP
CITY-ST-ZIP TALLAHASSEE FL 32303
X Delete

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

TITLE
NAME Sterling Pearson
STREET ADDRESS 4050 Stonewall Pk
CITY-ST-ZIP TALLAHASSEE FL 32303
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED Pearson

9/20/02

524-1688

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

Date

Daytime Phone #

CR2E083 (9/01)