

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90048 013 ****50.00

DOCUMENT # L01000016318



1. Entity Name
ALL-BRITE WINDOW & PRESSURE CLEANING L.L.C.

Principal Place of Business

**13511 S.W. 7 PLACE
DAVIE FL 33325**

Mailing Address

**13511 S.W. 7 PLACE
DAVIE FL 33325**

2. Principal Place of Business

3646 E Bell Dr

Suite, Apt. #, etc.

3. Mailing Address

3646 E Bell Dr

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33328

Country **US**

Broward Co

Zip

33328

Country **US**

Broward Co

4. FEI Number **65-1145066**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCARRAHER, BRIAN
13511 S.W. 7 PLACE
DAVIE FL 33325**

7. Name and Address of New Registered Agent

Name **Brian Mc Carraher**

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

3646 E Bell Dr

City **Davie**

FL

Zip Code
33328

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MCCARRAHER, BRIAN**
STREET ADDRESS **13511 SW 7TH PL**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Brian McCarragher**
STREET ADDRESS **3646 E Bell Dr**
CITY-ST-ZIP **Davie, FL 33328**

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

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: **X**

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

Date

Daytime Phone #

1/18/03 954-693-8884

CR2E083 (10/02)