LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # 4 01000018481 02 APR 24 PM 2: 53 1. Entity Name Cx h Clife Residential Cleaning, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2533 Aster Gre Lane 2533 Aster Cove Came Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Kissi muce Not Applicable Country Zip \$5.00 Additional 34758 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Jonathan DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8. The above named entity supposes of changing its registered office or registered agent, or both, in the State of Florida. d of printed name of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE TITLE CR2E083B (12/01 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP TITLE Velez - Colley, 5 eing 2533 Aster Cove Com 600005337186--4 -04/24/02--01065--028 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP KITHIMMER, 74 34758 *****50.00 ****50.00 CITY-ST-ZIP TITLE Mastrogio Vanni Enrique 2553 Aster Cove Com Kironmee 76.34751 NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE masting, ayanni Olga 2553 Asta Cose Com 2: Frimmee, 74 34758 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Andreas Quality & portion, In 2553 Aster Cave Care Lissimmee 76 34758 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

JRE: SIGNATURE AND TYPES OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: