FILED
Aug 05, 2003 8:00 am
Secretary of State
04-30-2003 90185 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000602

1. Entity Name
J AND P CLEANING LTD. CO.

550533340

[redacted]

Principal Place of Business	Mailing Address
7109 MINPPI DR ORLANDO FL 32818	7109 MINPPI DR ORLANDO FL 32818

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16053 Lagoon Ct Suite, Apt. #, etc.	16053 Lagoon DR Suite, Apt. #, etc.
City & State: Clermont FL	City & State: Clermont FL
Zip: 34711 Country: Lake	Zip: 34711 Country: Lake

4. FEI Number: 75-2970400 ☐ 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
PATRICK, PRESTON 7109 MINPPI DR. ORLANDO FL 32818	Name: Preston PATRICK Street Address (P.O. Box Number is Not Acceptable) 16053 Lagoon Ct City: Clermont FL Zip Code: 34711

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] (Required when filed) (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Preston PATRICK ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Preston PATRICK 16053 Lagoon Ct Clermont FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	managing members Preston PATRICK 16053 Lagoon DR Clermont FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Preston PATRICK 4/22/03 407 492 7287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #