

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90592 016 ****50.00

DOCUMENT # L02000000634

1. Entity Name

DUSTBUSTERS HEALTHFRESH CLEANING SERVICES
O.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

757 MICHAEL DR

3. Mailing Address

P.O. Box 466

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KEY Largo FL

City & State
TAVENNER, FL

4. FEI Number

75-3035947

Applied For

Not Applicable

Zip
33037

Country
USA

Zip
33070

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GENE C LENTZ

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

757 MICHAEL DR

KEY Largo

33037

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

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER MARIA MARCOS - LENTZ 5 MICHAEL DR KEY Largo FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER GENE LENTZ 5 MICHAEL DR KEY Largo FL 33037
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**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

2-1-03 305-451-4003

CR2E083B (12/02)