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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011121

1. Entity Name
ALL BRIGHT CARPET CLEANING SERVICES, LLC

Principal Place of Business	Mailing Address
710 OAK COMMONS BLVD. KISSIMMEE, FL 34741	710 OAK COMMONS BLVD. KISSIMMEE, FL 34741

3. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 710 Oak Commons Blvd.	Same as 3. Suite, Apt. #, etc.
City & State Kissimmee, FL 34741	City & State
Zip 34741 Country EEUU	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-054335 ☐ 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
TORRES-RUIZ, CECILIO 710 OAK COMMONS BLVD. KISSIMMEE, FL 34741	Name: Same as 6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cecilio Torres-Ruiz 5/1/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES-RUIZ, CECILIO 710 OAK COMMONS BLVD. KISSIMMEE, FL 34741 ☐ 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
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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

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: C Torres 5/01/2003 (407) 931-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)