LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91001 010 ****55.00

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DOCUMENT # L02000030607

1. Entity Name: URban Cleaners
OBA
URban Solutions

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
955 Airport RD	~~5254~~ P.O. Box 5254
Suite, Apt. #, etc.: 621	Suite, Apt. #, etc.
City & State: Destin FL	City & State: Destin FL.
Zip: 32541 Country: U.S.	Zip: 32540 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 41-2073829 ☐ Applied For ☐ Not Applicable

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: Antonio D. Gullo

Street Address (P.O. Box Number is Not Acceptable): 955 Airport RD. #621

City: Destin FL Zip Code: 32541

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM NAME Antonio Gullo STREET ADDRESS 955 Airport RD #621 CITY-ST-ZIP Destin FL. 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #