

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90081 047 *****55.00

DOCUMENT # L02000031208

1. Entity Name

REPMANN CLEANING, LLC.



Principal Place of Business

**401 ROSERY RD NE #841
LARGO FL 33770**

Mailing Address

**401 ROSERY RD NE #841
LARGO FL 33770**

44001899



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2084475

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ESTIME, GILBERT
17454 SW 79 COURT
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

SANDORNE REPMANN

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

401 ROSERY RD N.E. # 841

City

LARGO

FL

33770

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

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

SANDORNE REPMANN

02/20/2003

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00 \$55

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **REPMANN, SANDORNE**
STREET ADDRESS **401 ROSERY RD NE #841**
CITY-ST-ZIP **LARGO FL 33770**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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.

SIGNATURE:

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

02/20/2003 / **121-584-0771**
Date Daytime Phone #

CR2E083 (10/02)