


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91003 004 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30062997

DOCUMENT # L02000031417			
1. Entity Name SIMPLY IMPECCABLE SERVICES, LLC			
Principal Place of Business 835 LENOX AVE. APT. 307 MIAMI BEACH, FL 33139		Mailing Address 835 LENOX AVE. APT. 307 MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
zip	Country	zip	Country
4. FEI Number 71-0925536		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2526		7. Name and Address of New Registered Agent Name Steven K. Baird, P.A. Street Address (P.O. Box Number is Not Acceptable) 6301 Biscayne Blvd., Suite 20B City Miami FL Zip Code 33138	
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 Steven K. Baird <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)</small>		DATE 4/23/03	
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	MGRM POWELL, DAVID 835 LENOX AVE. APT. 307 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: David Powell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 4/23/03 305-527-7959 <small>Date Cayman Phone #</small>	

CR2E083 (10/02)