FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91003 004 ****50.00

2003 LIMITED LIABILITY COMPANY

30062337

U	NIFORM BUSIN	ESS RE	PORT	(UBI	<u>R) </u>					
DOCUMENT # L02000031417										
SIMPLY IMPECCABLE SERVICES, LLC										
Principal Play	ne of Rusiness	Meiling A	ridress							
Principal Place of Business Mailing Address 835 LENOX AVE. APT. 307 835 LENOX AVE. APT. 307										
NIAMI BEACH, FL 33139 NIANI BEACH, FL 33139										
								SISS 11124 4124 2122		
Principal Place of Business 3. Mailing Address										
Suite, Apt			pt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	le ·	City & S	City & State			4. FEI Number 71 - 092	5526	·	oplied For N Applicable	-
ZIP .	Country	Zip		Countr	y	5. Certificate of Status De	sired [65.00	ditional	-
	6. Name and Address of Curre	nt Registered /	Lgent			7. Name and Address of	New Regist	ered Agent		1
CORPORA	TION SERVICE COMPANY			Name Ste	ven K. Ba	rd 1	P. A.			
1201 HAYS STREET					Street Address (I	O. Box Number is Not Acc				1
TALLAHASSEE, FL 32301-2526					/ 3.					-
ļ				L		1 Biscayne	<u>Bivd.</u>	Suite 2	20B	
	1				City M	iami		FL Zece	1.30	
	named entity submits into statement	for the purpose	of changing its	registered	foffice or register	ed agent, or both, in the Sta	le of Florida.	I am familiar with	and accept	1
4 10 00 11 12 1	LOTS OF REGISTER OF THE PARTY O	ν	BAI.	الديم		14.	1221	3		
SIGNATURE	Signature, typed of printed name of registered as	to and title if explicat	4. (NOT	F Basisarai A	Agentsignature required	T/		ت ر 		
			4400		1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					┨
		Make	FILE N Check Pavab	OWIJI F	EE IS \$50.00 Ida Departmen	t of State				
•			ىنىڭ ئېزىيىنىڭ	By May	1, 2003		•			
9.	MANAGING MEM	BERS/MANAGE	AS	10.	Marie California de la	ADO	TIONS/CHAN	NGES		1
TITLE	MGRM		☐ Oddes	TITLE				Change	Addition	ĝ
NAME STREET ADDRESS	POWELL, DAVID 835 LENOX AVE. APT. 307			NAME	ADDRESS					18
CMY-57-21P	MIAMI BEACH, FL 33139			CITY-S						8
TITLE			☐ Delete	3171.6		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		☐ Change	Addition	3R2E083 (10/02)
NAME STREET ADDRESS				NAME						
CITY-ST-ZIP				CITY -53	ADDRESS 1-zip					
TILE			☐ Delete	TiTLE				☐ Change	Addition	1
HAME				NAME						
STREET ADDRESS Caty-St-21P				STREET.	ADDRESS T., 71P					}
TITLE			☐ DeSete	TITLE	7-21			☐ Change	Addition	ł
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STREET ADDRESS CITY-ST-ZIP					ADDRESS					
TITLE				CITY-S1	1-ZP					ļ
NAME			☐ Odde	TITLE				Change	Addition	l
STREET ADDRESS					ADORESS					
COY-ST-ZIP				CITY-ST	T-ZIP					
TITLE NAME			☐ Delete	TITLE				Change	Addition	
STREET ADDRESS				NAME STREET	ADDRESS					
CAY-SI-ZIP				CITY-ST						
11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI), 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: JOSEPH DOR PRINTED FOR PRINTED FRANCE OF SIGNING MANAGENG MOMBGER, MANAGENG OR AUTHORIZED REPRESENTATIVE ON CONTINUE Property										