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Apr 26, 2004 8:00 am
Secretary of State

04-13-2004 90330 004 ****50.00

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MOORE CR2E083 (1/1/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000025797

1. Entity Name

SUPERB QUALITY CLEANING, LLC

Principal Place of Business	Mailing Address
12749 GETTYSBURG CIR. ORLANDO FL 32837	12749 GETTYSBURG CIR. ORLANDO FL 32837

2. Principal Place of Business	3. Mailing Address
THE SAME →	4946, Alavista Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, FL
Zip / Country	Zip: 32837 / Country

4. FEI Number: 45-0518891 ☐ 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
DE ALMEIDA, ALEXSANDRA 12749 GETTYSBURG CIR. ORLANDO FL 32837	Name 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: Alexsandra De Almeida DATE: 04-04-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE ALMEIDA, ALEXSANDRA 12749 GETTYSBURG CIR. ORLANDO FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4946, Alavista Drive Orlando, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE ALMEIDA, RODRIGO 12749 GETTYSBURG CIR. ORLANDO FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4946, Alavista Drive Orlando, FL 32837.
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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: Alexsandra De Almeida 04-04-04 (407)468 8122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #