LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

09-20-2004 90096 033 ****50.00
L03000026469 FILED

2004 SEP 28 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000026469

1. Entity Name
SuCASA Cleaning Service. LLC

DO NOT WRITE IN THIS SPACE

24085702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5638 Nutmeg Ave.		5638 Nutmeg Ave	
Suite, Apt. #, etc. SARASOTA		Suite, Apt. #, etc. SARASOTA	
City & State FL		City & State FL	
Zip 34231	Country USA	Zip 34231	Country USA

4. FEI Number 03-0465328 ☐ 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: Gisela Balcazar
Street Address (P.O. Box Number is Not Acceptable): 5638 Nutmeg Ave
City: SARASOTA FL Zip Code 34231

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: Gisela Balcazar Gisela BALCAZAR 9-10-04
Signature, typed or printed name of registered agent and title if applicable — DATE

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

Never recieved mail about this report.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Gisela Balcazar
STREET ADDRESS	5638 Nutmeg Ave
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Gisela Balcazar Gisela BALCAZAR 9-10-04 941 9215140

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