

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000016710

**FILED**  
**Nov 07, 2007**  
**Secretary of State**

**Entity Name:** CABIELE JANITORIAL SERVICES LLC

**Current Principal Place of Business:**

11950 SW 168TH STREET  
MIAMI, FL 33177

**New Principal Place of Business:**

15765 SW 139 AVE  
MIAMI, FL 33177

**Current Mailing Address:**

P O BOX 832785  
MIAMI, FL 33283

**New Mailing Address:**

FEI Number: 20-2350616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABIELES, SARA  
11950 SW 168TH STREET  
MIAMI FL, FL 33177 US

**Name and Address of New Registered Agent:**

CABIELES, SARA  
15765 SW 139 AVE  
MIAMI FL, FL 33177 US

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.

SIGNATURE: SARA CABIELES

11/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: CABIELES, SARA  
Address: P. O. BOX 832785  
City-St-Zip: MIAMI, FL 33283

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SARA CABIELES

P

11/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date