2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 07, 2008 8:00 am Secretary of State **DOCUMENT # L05000021965** 03-07-2008 90225 008 ***138.75 COMMERCIAL SWEEP SERVICES, LLC Principal Place of Business Mailing Address DAATATAA 1650 N.W. 110TH AVENUE, NO. 211 1650 N.W. 110TH AVENUE, NO. 211 PLANTATION, FL 33322 PLANTATION, FL 33322 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 248 NW 78TH AVE Suite, Apt. #, etc. 03042008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For MARGATE, FLORIDA 20-2493501 Not Applicable Country U S A Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUADRA, AURORA Street Address (P.O. Box Number is Not Acceptable) 248 NW 78TH AVE MARGATE, FL 33063 Zip Code FL 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 Out of printed name of registered agent and title if applicable. 3/3/2008 AUROZA CUADRA FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Addition TITLE ☐ Delete TITLE ☐ Change CUADRA, AURORA NAME NAME STREET ADDRESS 248 NW 78TH AVE STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

CITY-ST-ZIP

FILED