

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-27-2007 90021 018 ****55.00

DOCUMENT # L06000028774	
1. Entity Name SPLENDOR MANTENIMIENTO, LLC	

Principal Place of Business 150 SE SECOND AVENUE SUITE #914 MIAMI, FL 33131 US	Mailing Address 150 SE SECOND AVENUE SUITE #914 MIAMI, FL 33131 US
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30012375



2. Principal Place of Business - No P.O. Box # 150 SE 2 AVENUE	3. Mailing Address 150 SE 2 AVENUE
Suite, Apt. #, etc. # 900	Suite, Apt. #, etc. # 900
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131	Country U.S.

08162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4576618	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent VALLE, ALBERTO 150 SE SECOND AVENUE SUITE #914 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name ALBERTO VALLE	
Street Address (P.O. Box Number is Not Acceptable) 150 SE 2 AVENUE, SUITE # 900	
City MIAMI	Zip Code FL 33131

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 *Alberto Valle* DATE 7/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPLENDOR MANTENIMIENTO, INC. 150 SE SECOND AVENUE, SUITE #914 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPLENDOR MANTENIMIENTO, INC. 150 SE 2 AVENUE, SUITE #900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RITEWAY CLEANING SYSTEMS, INC. 3500 W 84 STREET, BAY 9 HIALEAH, FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS PEÑA 2970 SW 19 ST. MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NESTOR VELAZQUEZ 2970 SW 19 ST. MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANESSA CASTRO P.O. BOX 531405 MIAMI SHORES, FL 33153 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Alberto Valle* DATE 7/24/07 305-372-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #