

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066282

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** BEWITCHED MAID SERVICE L.L.C.

**Current Principal Place of Business:**

180 COQUINA AVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

180 COQUINA AVE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

PAP, CSILLA  
180 COQUINA AVE  
ORMOND BEACH, FL 32174 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PAP, CSILLA  
**Address:** 180 COQUINA AVE  
**City-St-Zip:** ORMOND BEACH, FL 32174

I hereby 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:** CSILLA PAP

MGRM

04/14/2012

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