

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000040227

**Entity Name:** SOUTHERNBEND JANITORIALSERVICES LIMITED LIABILITY COMPANY

**FILED**  
**Jun 22, 2015**  
**Secretary of State**  
**CC5913628659**

**Current Principal Place of Business:**

1134 SE WESBERRY ST  
PALM BAY, FL 32909

**Current Mailing Address:**

P.O BOX 350534  
FORT LAUDERDALE, USA 3-3335 FL

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

MOORE, ELAINE OWNER  
1134 SE WESBERRY STREET  
PALM BAY, FL 32909 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MOORE, ELAINE  
Address 1134 SE WESBERRY STREET  
City-State-Zip: PALM BAY FL 32909

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ELAINE M MOORE**

**MANAGER / OWNER**

**06/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date