

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000101021

**Entity Name:** METICULOUS MAIDS OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

816 37TH ST  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

816 37TH ST  
WEST PALM BEACH, FL 33407

**FEI Number:** 47-1194338

**Certificate of Status Desired:** No

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

LONSWAY, KATHLEEN  
816 37TH ST.  
WEST PALM BEACH, FL 33407 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 DEMBEK, JULIE E  
Address 16687 115TH AVE. N.  
City-State-Zip: JUPITER FL 33478

Title MGR  
Name LONSWAY, KATHLEEN  
Address 816 37TH ST.  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** JULIE DEMBEK

**MANAGER**

**08/02/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date