2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2020
Secretary of State
2778724786CC

DOCUMENT# L19000100106

Entity Name: MOMMY NEEDS A BREAK LLC

Current Principal Place of Business:

1093 SUMMIT TRAIL CIRCLE
APT. B
WEST PALM BEACH, FL, FL 33415

Current Mailing Address:

1093 SUMMIT TRAIL CIRCLE
APT. B
WEST PALM BEACH, FL 33415

FEI Number: 83-4370070

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHERICHEL, CARTIA
1093 SUMMIT TRAIL CIRCLE
APT. B
WEST PALM BEACH, FL 33415 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	CHERICHEL, CARTIA
Address	1093 SUMMIT TRAIL CIRCLE, APT. B
City-State-Zip:	WEST PALM BEACH FL 33415

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: CARTIA CHERICHEL — OWNER/MANAGING MEMBER — 02/08/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date