

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000286400

**Entity Name:** MERCI'S CLEAN CARE SERVICE, LLC

**Current Principal Place of Business:**

2710 SOMERSET DRIVE  
APT X407  
LAUDERDALE LAKES, FL 33311

**Current Mailing Address:**

4613 N UNIVERSITY DR  
BOX 556  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 85-3096881

**Certificate of Status Desired:** No

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

WATSON, MERCELLA  
2710 SOMERSET DRIVE  
APT X407  
LAUDERDALE LAKES, FL 33311 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 MGRM  
Name RICKETTS, DINO  
Address 2710 SOMERSET DRIVE APT X407  
City-State-Zip: LAUDERDALE LAKES FL 33311

Title MGRM  
Name FORBES, GARFIELD  
Address 4613 N UNIVERSITY DR BOX 556  
City-State-Zip: CORAL SPRINGS FL 33067

Title MGRM  
Name WATSON, MERCELLA  
Address 2710 SOMERSET DRIVE APT X407  
City-State-Zip: LAUDERDALE LAKES FL 33311

*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:** MERCELLA WATSON

**MANAGER**

**04/29/2024**

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

\_\_\_\_\_  
Date