

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000385177

Entity Name: L&M CLEANING SERVICES LLC**Current Principal Place of Business:**5326 TREETOPS DR
NAPLES, FL 34113**Current Mailing Address:**2740 BAYSHORE DR
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NAPLES, FL 34102**FEI Number:** 87-2149221**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOVELIE, JEAN M
5326 TREETOPS DR
NAPLES, FL 34113 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 JEAN, LOVELIE M
Address 5326 TREETOPS DR
City-State-Zip: NAPLES FL 34113Title MGR
Name JEAN, LOVELIE M
Address 5326 TREETOPS DR
City-State-Zip: NAPLES FL 34113Title MGR
Name JEAN, LOVELIE M
Address 5326 TREETOPS DR
City-State-Zip: NAPLES FL 34113Title AMBR
Name JOSEPH, STANLEY
Address 5326 TREETOPS DR
City-State-Zip: NAPLES FL 34113Title AMBR
Name JOSEPH, STANLEY
Address 5326 TREETOPS DR
City-State-Zip: NAPLES FL 34113Title AP
Name SAINT PHARD, MARIA
Address 3150 LA COSTA CIRCLE APT 301
City-State-Zip: NAPLES FL 34105

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: LOVELIE MIRALDA JEAN

MGR

03/31/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date