

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000385177

Entity Name: L&M CLEANING SERVICES LLC**Current Principal Place of Business:**2740 BAYSHORE DRIVE UNIT 12
NAPLES, FL 34112**Current Mailing Address:**2740 BAYSHORE DR
12
NAPLES, FL 34102**FEI Number:** 87-2149221**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOVELIE, JEAN M
2740 BAYSHORE DRIVE UNIT 12
NAPLES, FL 34112 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 11440 WHISTLER COVE CIR. APT 312
City-State-Zip: NAPLES FL 34113

Title AMBR
Name JOSEPH, STANLEY
Address 11440 WHISTLER COVE CIR. APT 312
City-State-Zip: NAPLES FL 34113

Title MGR
Name JEAN, LOVELIE M
Address 11440 WHISTLER COVE CIR. APT 312
City-State-Zip: NAPLES FL 34113

Title AMBR
Name JOSEPH, STANLEY
Address 11440 WHISTLER COVE CIR. APT 312
City-State-Zip: NAPLES FL 34113

Title MGR
Name JEAN, LOVELIE M
Address 11440 WHISTLER COVE CIR. APT 312
City-State-Zip: NAPLES FL 34113

Title ASST. SECRETARY
Name SAINT PHARD, MARIA NATHALIA
Address 2740 BAYSHORE DR
12
City-State-Zip: NAPLES FL 34102

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 M JEAN**OWNER****04/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date