

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000712

**Entity Name:** SADIE'S PROFESSIONAL CLEANING SERVICES LLC

**Current Principal Place of Business:**

2145 STATE STREET  
UNIT 7  
HAMDEN, CT 06517

**FILED**  
**Mar 08, 2023**  
**Secretary of State**  
**3088371875CC**

**Current Mailing Address:**

2145 STATE STREET  
UNIT 7  
HAMDEN, CT 06517 US

**FEI Number:** 83-2452900

**Certificate of Status Desired:** No

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

COTTER, ANDREA  
311 SE 3 TER  
CAPE CORAL, FL 33990 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                         | Title           | OWNR                        |
| Name            | MARSHALL, SADA              | Name            | MARSHALL, SADA              |
| Address         | 2145 STATE STREET<br>UNIT 7 | Address         | 2145 STATE STREET<br>UNIT 7 |
| City-State-Zip: | HAMDEN CT 06517             | City-State-Zip: | HAMDEN CT 06517             |

*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:** SADA MARSHALL

**OWNER**

**03/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date