

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073341

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: LINEN SYSTEMS FOR HEALTHCARE, LLC.

**Current Principal Place of Business:**

4105 S. BARTLETT STREET  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4105 S. BARTLETT STREET  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 20-1723372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUHL, KARL  
4105 S. BARTLETT ST.  
TAMPA, FL 336111652 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAPHAEL, ROBERT  
Address: 903 SOUTH 4TH STREET  
City-St-Zip: RENTON, WA 98057

Title: MGR ( ) Delete  
Name: MICKEY'S LINEN AND T, OWEL SUPPLY, I N C  
Address: 4601 WEST ADDISON ST  
City-St-Zip: CHICAGO, IL 60641

Title: MGR ( ) Delete  
Name: ADMIRAL LINEN SERVIC, ES, INC  
Address: 2030 KIPLING  
City-St-Zip: HOUSTON, TX 77098

Title: MGR ( ) Delete  
Name: UNITEX HOLDINGS, INC,  
Address: 161 S MACQUESTON PKWY  
City-St-Zip: MOUNT VERNON, NY 10550

Title: MGR ( ) Delete  
Name: FAULTLESS LAUNDRY CO,  
Address: 330 W 19TH TERRACE  
City-St-Zip: KANSAS CITY, MO 64108

Title: MGR ( ) Delete  
Name: AMERICAN TEXTILE MAI, N TENANCE CO  
Address: 1667 W WASHINGTON BLVD  
City-St-Zip: LOS ANGELES, CA 90007

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT RAPHAEL

MGRM

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date