

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073341

FILED  
Jan 22, 2011  
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 F  
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  
Name: RAPHAEL, ROBERT  
Address: 903 SOUTH 4TH STREET  
City-St-Zip: RENTON, WA 98057

I hereby 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: KARL BUHL

DIR

01/22/2011

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