

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY, MAY 1, 2008**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90036 009 ***138.75

DOCUMENT # L07000104438

1. Entity Name

SWIFTY COIN LAUNDRY PARK, LLC



Principal Place of Business

2330 S.W. 106TH TERRACE
DAVIE FL 33324

Mailing Address

2330 S.W. 106TH TERRACE
DAVIE FL 33324

2. Principal Place of Business - No P.O. Box #

4800 Mallandale Beach

3. Mailing Address

1058 Jefferson St

Suite, Apt. #, etc.

Blvd.

Suite, Apt. #, etc.

City & State

PETBROKE PARK

City & State

HOLLYWOOD FL

Zip

33023

Country

BROWARD

Zip

33019

Country

BROWARD

4. FEI Number

06-1829248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEEB, GEORGE M
2330 S.W. 106TH TERRACE
DAVIE FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when requesting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DEEB, GEORGE M
STREET ADDRESS 2330 S.W. 106TH TERRACE
CITY- ST- ZIP DAVIE FL 33324 ☐ Delete

TITLE MGR
NAME DEEB, PIERRE
STREET ADDRESS 1058 JEFFERSON STREET
CITY- ST- ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Pierre Deeb - Pierre Deeb 2/16/08 954-985805