

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000483

Entity Name: G&K SERVICES LUG, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

5995 OPUS PARKWAY, SUITE 500
ATTN: LEGAL DEPARTMENT
MINNETONKA, MN 553439078

New Principal Place of Business:

Current Mailing Address:

5995 OPUS PARKWAY, SUITE 500
ATTN: LEGAL DEPARTMENT
MINNETONKA, MN 553439078

New Mailing Address:

FEI Number: 20-2044449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: WRIGHT, JEFF L
Address: 5995 OPUS PARKWAY, SUITE 500
City-St-Zip: MINNETONKA, MN 553439078

Title: MGR () Delete
Name: MARCANTONIO, RICHARD L
Address: 5995 OPUS PKWY, STE 500
City-St-Zip: MINNETONKA, MN 55343

Title: MMBR () Delete
Name: G&K SERVICES, CO.
Address: 5995 OPUS PARKWAY, SUITE 500
City-St-Zip: MINNETONKA, MN 55343

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:

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY L. COTTER

MMBR

04/14/2009

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