

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000349

1. Entity Name
ALLIANCE LAUNDRY SYSTEMS LLC



FILED
Aug 23, 2006 08:00 AM
Secretary of State

Principal Place of Business

SHEPARD STREET
RIPON, WI 54971

Mailing Address

SHEPARD STREET
RIPON, WI 54971



08182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1927923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALLIANCE LAUNDRY HOLDINGS, LLC
STREET ADDRESS	SHEPARD STREET
CITY-ST-ZIP	RIPON, WI 54971

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Thomas R. L'Esperance

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

8/18/06

Date

920-748-4403

Daytime Phone #