2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State
02-20-2007 90368 036 ****55.00

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1. Entity Name
SAFETY HARBOR LAUNDROMAT, LLC

Principal Place of Business	Mailing Address
1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685	1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685

01072007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
690 MAIN STREET	1875 SUNSET POINT RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT 60H
City & State: SAFETY HARBOR, FL	City & State: CLEARWATER, FL
Zip: 34695 Country: PINELLAS	Zip: 33765 Country: PINELLAS

4. FEI Number 20-2855231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAJJAR, SAMIR
1003 WILLOW POOND DRIVE
SAFETY HARBOR, FL 34685

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAJJAR, SAMIR		NAME	
STREET ADDRESS	1003 WILLOW POOND DRIVE		STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34685		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ____________ 02/14/2007 727.417.9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #