

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90039 032 \*\*\*\*50.00

**DOCUMENT # L04000038949**

1. Entity Name  
A1A LAUNDROMAT OF FLAGLER BEACH LLC



Principal Place of Business  
2201 OCEAN SHORE BLVD  
FLAGLER BEACH, FL 32136

Mailing Address  
2201 OCEAN SHORE BLVD  
FLAGLER BEACH, FL 32136

00000100



02062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1177939

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SOMMERFIELD, AGNES  
40 FOLCROFT LANE  
PALM COAST, FL 32137

**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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SOMMERFIELD, AGNES  
40 FOLCROFT LANE  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STEINMILLER, JOYCE  
40 FOLCROFT LANE  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:** Agnes Sommerfield  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-30-07

Date

Daytime Phone #