

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V36555

**Entity Name:** BIOHAZARD LAUNDRY SERVICES, INC.

**Current Principal Place of Business:**

13785 N. NEBRASKA AVE.  
TAMPA, FL 33613

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**0873928795CC**

**Current Mailing Address:**

PO BOX 274086  
TAMPA, FL 33688

**FEI Number: 59-3125305**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KREKORIAN, MICHAEL  
13785 N. NEBRASKA AVE.  
TAMPA, FL 33613 US

*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

**Officer/Director Detail :**

Title PD  
Name KREKORIAN, MICHAEL  
Address 13785 N. NEBRASKA AVE.  
City-State-Zip: TAMPA FL 33613

Title VPD  
Name KREKORIAN, MARK  
Address 18908 PLACE MARQUETTE  
City-State-Zip: LUTZ FL 33558

Title SD  
Name KREKORIAN, MICHELE  
Address 18908 PLACE MARQUETTE  
City-State-Zip: LUTZ FL 33558

Title TD  
Name KREKORIAN, KRISTIN  
Address 3339 DIAMOND FALLS CIRCLE  
City-State-Zip: LAND O' LAKES FL 34638

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL KREKORIAN**

**PRESIDENT**

**02/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date