

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000073341

**Entity Name:** LINEN SYSTEMS FOR HEALTHCARE, LLC.

**Current Principal Place of Business:**

411 55TH AVENUE  
ST PETE BEACH, FL 33706

**Current Mailing Address:**

411 55TH AVENUE  
ST PETE BEACH, FL 33706 US

**FEI Number:** 20-1723372

**Certificate of Status Desired:** No

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

VANCE, CAROL A  
411 55TH AVENUE  
ST PETE BEACH, FL 33706 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:** CAROL A VANCE

03/30/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RAPHAEL, ROBERT  
Address 903 SOUTH 4TH STREET  
City-State-Zip: RENTON WA 98057

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT RAPHAEL

MGRM

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date