

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073341

Entity Name: LINEN SYSTEMS FOR HEALTHCARE, LLC.

Current Principal Place of Business:

2836 N. CROSSWATER PATH
LECANTO, FL 34461

Current Mailing Address:

PO BOX 66751
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
2836 N. CROSSWATER PATH
LECANTO, FL 34461 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

04/25/2024

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

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date