

2001 LIMITED LIABILITY BUSINESS ENTITY FILING

DOCUMENT # 700000000315

1. Entity Name

SUPERIOR FABRIC CARE #11, LTD.

Principal Place of Business
1975 WELLS ROAD
ORANGE PARK FL 32065

Mailing Address
1975 WELLS ROAD
ORANGE PARK FL 32065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 NOV 26 PM 5: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, JOSEPH
1975 WELLS ROAD
ORANGE PARK FL 32065

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000002882
NAME SUPERIOR FABRIC CARE II, INC.
STREET ADDRESS 417 PECAN POINT DRIVE
CITY-ST-ZIP KERENS TX 75144

STREET ADDRESS

CITY-ST-ZIP

300004714073--3
-12/07/01-01031-014
***1026.25 ***1026.25

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

3-28-01 9043185637

Date

Daytime Phone #

0001943 AT

CR02003 (\$/01)

STAPLE CHECK HERE