LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000315

1. Entity Name
SUPERIOR FABRIC CARE #11, LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -2 AM 9:49

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1975-5 WELLS RD	1975-5 WELLS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK, FL	City & State: ORANGE PARK, FL
Zip: 32073 Country: USA	Zip: 32073 Country: USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number: 59-3656981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOE WHEELER

Street Address (P.O. Box Number is Not Acceptable): 10901 BURNT MILL RD #1004

City: JACKSONVILLE **FL** Zip Code: 32256

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: Robert L Griffin ROBERT L. GRIFFIN 4/26/02
Signature, typed or printed name of registered agent and title, if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
100,000		

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

DOCUMENT #	F99000028882
NAME	SUPERIOR FABRIC CARE II, INC
STREET ADDRESS	1975-5 WELLS RD
CITY-ST-ZIP	ORANGE PARK FL 32073
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100005577751--9
CITY-ST-ZIP	-05/21/02--01071--029 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE**
STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

904-523-8422

SIGNATURE: Robert L Griffin ROBERT L. GRIFFIN 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #