

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000002863

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** CKF LAUNDRY SERVICE, L.L.C.

**Current Principal Place of Business:**

6005 POWERS AVE.  
SUITE 110  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6005 POWERS AVE.  
SUITE 110  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-3700372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUNK, CARTER T  
6005 POWERS AVE  
UNIT 110  
JACKSONVILLE, FL 32217 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FUNK, CHRIS  
**Address:** 12700 BARTRAM PARK BLVD. UNIT 1924  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** MGRM  
**Name:** CARTER, FUNK  
**Address:** 6005 POWERS AVE UNIT 110  
**City-St-Zip:** JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** CARTER FUNK

MGRM

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date