

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000005074

**FILED**  
**Jun 20, 2007**  
**Secretary of State**

**Entity Name:** PRISTINE DRYCLEANING & LAUNDRY, LLC

**Current Principal Place of Business:**

382 NINTH STREET SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

2017 MERLIN COURT  
NAPLES, FL 34105

**Current Mailing Address:**

382 NINTH STREET SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

2017 MERLIN COURT  
NAPLES, FL 34105

**FEI Number:** 59-3709402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, CYNDE C  
382 NINTH STREET SOUTH  
NAPLES, FL 34102 US

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

DAVIS, CYNDE C  
2017 MERLIN COURT  
NAPLES, FL 34105 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: CYNDE C DAVIS

06/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, CYNDE C MRS.  
Address: 2017 MERLIN COURT  
City-St-Zip: NAPLES, FL 34105

Title: MGR ( ) Delete  
Name: DAVIS, DAVID B MR  
Address: 2017 MERLIN COURT  
City-St-Zip: NALES, FL 34105

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CYNDE C DAVIS

MGRM

06/20/2007

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