
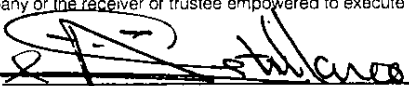


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000009994 1. Entity Name VALENCIA CLEANERS, LLC					
Principal Place of Business 8175 VALENCIA COLLEGE LANE ORLANDO, FL 32825			Mailing Address 8175 VALENCIA COLLEGE LANE ORLANDO, FL 32825		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 91-2197361	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTELLANO, AMBROCIO 13225 ST COLE COURT ORLANDO, FL 32828				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTELLANO, AMBROCIO 13225 ST COLE COURT ORLANDO, FL 32828	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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:  <div style="float: right; text-align: right;"> 3/14/08 Date Daytime Phone # </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					