

**2006 LIMITED LIABILITY COMPANY,
ANNUAL REPORT**

5/5 **FILED**
Jun 15, 2006 8:00 am
Secretary of State

05-09-2006 90010 009 ****50.00

DOCUMENT # L02000009319

1. Entity Name
THE LAUNDRY CORNER, LLC



Principal Place of Business
**201 S. BISCAYNE BLVD, SUITE 1500(LAD)
MIAMI, FL 33131**

Mailing Address
**201 S. BISCAYNE BLVD, SUITE 1500(LAD)
MIAMI, FL 33131**

30010427



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0670004

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD, SUITE 1500(LAD)
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when releasing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANCHEZ-JAIMES, JONATHAN
10300 OLD CUTLER ROAD
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Authorized Repk. **6-9-06**

305 379-9114