

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018619					
1. Entity Name ACROCEL UNIFORM LLC					
Principal Place of Business 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131			Mailing Address 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03312005 Chg-LLC CR2E083 (10/03) 81-0564407	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTILLO, ALVARO PA 1390 BRICKELL AVE, STE. 200 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 3-31-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARDITI, ADOLFO EZRA 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000288136 04/04/05-80097-013 50.00	
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11. 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 managing member or manager of the limited liability company or the authorized trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 3-31-05 (305) 371-1740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					