

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90031 002 ****50.00

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DOCUMENT # L02000019104

1. Entity Name

IONIAN COMMERCIAL LAUNDRY SERVICE, L.L.C.



Principal Place of Business

**1412 GRACE AVENUE
PANAMA CITY FL 32401**

Mailing Address

**1412 GRACE AVENUE
PANAMA CITY FL 32401**

20035699



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-1618098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FITZSIMMONS, TONY
1412 GRACE AVENUE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name **FITZSIMMONS, JEANNIE**
Street Address (P.O. Box Number is Not Acceptable)
1412 GRACE AVENUE
PANAMA CITY
City **FL** Zip Code **32401**

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

Tony Fitzsimmons

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FITZSIMMONS, TONY**
STREET ADDRESS **1412 GRACE AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **FITZSIMMONS, JEANNIE**
STREET ADDRESS **1412 GRACE AVENUE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Tony Fitzsimmons
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(850) 769-1375

CR2E083 (10/02)