


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # L02000034875 1. Entity Name KENNETH RAY LINEN SERVICE, L.L.C.	
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 141 COMMERCE WAY SANFORD, FL 32771	Mailing Address 141 COMMERCE WAY SANFORD, FL 32771
------------------------------------------------------------------------------	------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 36-4523259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAY, KENNETH D
141 COMMERCE WAY
SANFORD, FL 32771

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	RAY, KENNETH D
STREET ADDRESS	141 COMMERCE WAY
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000785939
01/17/08-80021-008 138.75

DO NOT WRITE
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: Kenneth Ray Kenneth Ray 1-14-08- 407-3280670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #