

FILED
Apr 04, 2003 8:00 am
Secretary of State

03-12-2003 90014 019 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034875

1. Entity Name

KENNETH RAY LINEN SERVICE, L.L.C.



DO NOT WRITE IN THIS SPACE

55022283

2. Principal Place of Business

141 Commerce Way

Suite, Apt. #, etc.

3. Mailing Address

141 Commerce Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

36-4523259

Applied For

Not Applicable

Zip

32771

Country

Zip

32771

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH D RAY

Street Address (P.O. Box Number is Not Acceptable)

141 Commerce Way

City

SANFORD

FL

Zip Code

32771

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER KENNETH D RAY 141 Commerce Way SANFORD FL 32771	MANAGER member
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CR2E083B (12/02)

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: Kenneth Ray

KENNETH D RAY

3-7-03

407.328-0670

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

Date

Daytime Phone #