## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 04-20-2004 90189 003 \*\*\*\*50.00 DOCUMENT # L03000006777 ADVANCED LAUNDRY SYSTEMS, LLC 44032498 Mailing Address Principal Place of Business 1610 TENNESSEE AVENUE 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 02162004 Chg-LLC CR2E083 (10/03) Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 57-1155931 Not Applicable \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent TILLMAN, JEAN F Street Address (P.O. Box Number is Not Acceptable) 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. ☐ Change Addition MGRM TITLE ☐ Delete TITLE NAME TILLMAN, JEAN F NAME STREET ADDRESS 1610 TENNESSEE AVENUE STREET ADDRESS LYNN HAVEN, FL 32444 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

O OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Apr 20, 2004 8:00 am Secretary of State

320-302-3880

Date