

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013642

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** PARIS CLEANERS OF BAYSIDE, LLC

**Current Principal Place of Business:**

1717 N. BAYSHORE DRIVE  
#125  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

2920-2922 CORAL WAY  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 56-2346360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMCHICK, BRUCE  
9130 S. DADELAND BLVD., STE. 1101  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** AHMED, MUNIR  
**Address:** 12054 S.W. 117TH TERRACE  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGRM  
**Name:** ABID, MOHAMMAD S  
**Address:** 11825 S.W. 119TH PLACE RD  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGRM  
**Name:** AHMED, JAMIL  
**Address:** 10520 S.W. 146TH AVENUE  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGRM  
**Name:** BASHIR, ALAMGIR  
**Address:** 15789 S.W. 102ND STREET  
**City-St-Zip:** MIAMI, FL 33196

**Title:** MGRM  
**Name:** QUADRI, MUHAMMAD S  
**Address:** 10234 S.W. 139TH PLACE  
**City-St-Zip:** MIAMI, FL 33186

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ALAMGIR BASHIR

MGRM

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date