FILED
Jun 30, 2004 8:00 am
Secretary of State
05-05-2004 90013 050 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/5/20
5

34008990

MOORE CR2E083 (11/03)

DOCUMENT # L03000020550

1. Entity Name
CROWN LINEN, LLC

Principal Place of Business	Mailing Address
201 WEST 23RD STREET, BAY #4 HIALEAH FL 33010	201 WEST 23RD STREET, BAY #4 HIALEAH FL 33010

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0036473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANDELL, CRAIG J ESQ. C/O MOSKOWITZ, MANDELL, SALIM &SIMOWITZ,PA 800 CORPORATE DRIVE, SUITE 510 FT. LAUDERDALE FL 33334	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Manager NAME Jacques Gliksberg STREET ADDRESS 231 South La Salle Str. CITY-ST-ZIP Chicago, IL 60697 ☐ Delete	☐ Change ☐ Addition
TITLE Manager NAME Marco Viola STREET ADDRESS 1200 East Putnam Ave CITY-ST-ZIP Riverside, CT 06878 ☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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: Jacques Gliksberg 4/29/04 312 828.7115
(REQUIRED) TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #