

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024602

FILED
Feb 05, 2004
Secretary of State

Entity Name: SEABREEZE DRY CLEANERS LLC

Current Principal Place of Business:

1404 SE 17TH STREET
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

11561 NW 21 CT
PLANTATION, FL 33323

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROIDE, ISRAEL
11561 NW 21 CT
PLANTATION, FL 33323 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/MEMBERS:

Title: MGR () Delete
Name: BROIDE, ISRAEL
Address: 11561 NW 21 CT
City-St-Zip: PLANTATION, FL 33323

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROIDE, ISRAEL
Address: 1404 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGRM () Change (X) Addition
Name: D'EMPAIRE, CARLOS
Address: 1404 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGRM () Change (X) Addition
Name: EDWARDS, SEAN
Address: 1404 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ISRAEL BROIDE

MGRM

02/05/2004

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