2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000029449

1. Entity Name

THE UNIFORM CONNECTION, LLC

Principal Place of Business

2123 E. EDGEWOOD DRIVE
LAKELAND FL 33803
US

Mailing Address

2123 E. EDGEWOOD DRIVE
LAKELAND FL 33803
US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip | Country

4. FEI Number 20-0245537 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

OWEN, MARK W
1724 LAGOON ROAD
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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: Name and typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required if a name is stated) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	OWEN, MARK W	
STREET ADDRESS	1724 LAGOON ROAD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	MGRM	☐ Delete
NAME	OWEN, AMY G	
STREET ADDRESS	1724 LAGOON ROAD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	U00000824176	☐ Change ☐ Addition
NAME	02/20/08-80067-015 138.75	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Mark W. Owen, mgr 2-5-08 863-667-2682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #