

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000042357

1. Entity Name  
FLORIDA LINEN SERVICES, LLC



Principal Place of Business  
1407 S.W. 8 STREET  
POMPANO BEACH, FL 33069

Mailing Address  
1407 S.W. 8 STREET  
POMPANO BEACH, FL 33069



07062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0360662

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRAY, LARRY E  
2247 PALM BEACH LAKES BLVD., STE 228  
WEST PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|                |                     |
|----------------|---------------------|
| TITLE          | MGR                 |
| NAME           | LUNEBURG, KAREN     |
| STREET ADDRESS | 18 LOWER CROSS ROAD |
| CITY- ST- ZIP  | GREENWICH, CT 06831 |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY- ST- ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
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| CITY- ST- ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY- ST- ZIP  |                     |

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08/22/05-80007-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #