

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90243 036 ****50.00

DOCUMENT # L04000005497

1. Entity Name
FOUNTAINS OF BOYNTON CLEANERS, LLC



Principal Place of Business
**6649 BOYNTON BEACH BOULEVARD STE. B-18
BOYNTON BEACH, FL 33437**

Mailing Address
**C/O BLAKESBURG & CO CPAS
951 SW 4TH AVE
BOCA RATON, FL 33432**

20010213



2. Principal Place of Business

3. Mailing Address
C/O BLAKESBURG & CO CPAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
80-0089398

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BLAKESBURG, JON D
951 SW 4TH AVE
BOCA RATON, FL 33432**

Name
JON D BLAKESBURG

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
LEE, PATRICK
6649 BOYNTON BEACH BOULEVARD STE. B-18
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
LEE, MICHELLE
6649 BOYNTON BEACH BOULEVARD STE. B-18
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

(Signature)
PATRICK LEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561-750-8300