

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90046 016 \*\*\*\*55.00

**DOCUMENT # L04000015325**

1. Entity Name  
**DECO CLEANERS LLC**



Principal Place of Business  
**6666 U.S. HIGHWAY 1, SUITE 2  
PORT ST. LUCIE, FL 34952**

Mailing Address  
**6666 U.S. HIGHWAY 1, SUITE 2  
PORT ST. LUCIE, FL 34952**

**20067785**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08312005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**753147251**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WEINSTEIN, JEFFREY  
3351 N.W. BOCA RATON BLVD.  
BOCA RATON, FL 33431**

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

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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME BORNSTEIN, LAWRENCE  
STREET ADDRESS 6666 U.S. HIGHWAY 1, SUITE 2  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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

TITLE MGR ☐ Delete  
NAME DAVIDSON, PETER  
STREET ADDRESS 6666 U.S. HIGHWAY 1, SUITE 2  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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

TITLE MGR ☐ Delete  
NAME SHONTE, KAREN  
STREET ADDRESS 6666 U.S. HIGHWAY 1, SUITE 2  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8/31/05 772-323-9443**

Date

Daytime Phone #