

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035602

FILED
Feb 08, 2005
Secretary of State

Entity Name: CLEAN CARE 2 COIN LAUNDRY, LLC

Current Principal Place of Business:

1632 NE 151 STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

1418 WEST 49 STREET
HIALEAH, FL 33012

Current Mailing Address:

1632 NE 151 STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

3578 GULFSTREAM WAY
DAVIE, FL 33328

FEI Number: 20-1099025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAIKOS, GEORGE
1632 NE 151 STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

TRAIKOS, GEORGE
3578 GULFSTREAM WAY
DAVIE, FL 33328 US

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:

02/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TRAIKOS, GEORGE
Address: 1632 NE 151 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: TRAIKOS, KATIA T
Address: 3578 GULFSTREAM WAY
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRAIKOS, GEORGE
Address: 3578 GULFSTREAM WAY
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE TRAIKOS

MGRM

02/08/2005

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