

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043293

FILED
Apr 16, 2009
Secretary of State

Entity Name: FIRST CLASS CLEANERS LLC

Current Principal Place of Business:

3591 WHIPPOORWILL WAY
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

3591 WHIPPOORWILL WAY
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 26-0088110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, LOUISE
3591 WHIPPOORWILL WAY
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCDONALD, LOUISE
Address: 3591 WHIPPOORWILL WAY
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM () Delete
Name: SLOCUMB, MELODY
Address: 2534-B RAINEY ALLEN RD
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM () Delete
Name: BURGESS, CANDACE
Address: 225 MARK CHARLES DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SIMPSON, CHAN D
Address: 2144 SHADY OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LOUISE MCDONALD

MGRM

04/16/2009

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