

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90049 015 \*\*\*150.00

**DOCUMENT # L04000071924**

1. Entity Name  
**PROGRESSIVE COIN LAUNDRY SYSTEMS, LLC**



Principal Place of Business  
**1851 S STATE ROAD 7  
FORT LAUDERDALE, FL 33317**

Mailing Address  
**410 EAST HALLANDALE BEACH BLVD  
202  
HALLANDALE BCH, FL 33009**

14016100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number

56-2484433

Applied For

Not Applicable

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

**LANDAU WEALTH INVESTMENT NETWORK, INC  
410 EAST HALLANDALE BEACH BLVD  
202  
HALLANDALE BCH, FL 33009**

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 for the limited liability company)

(NOTE: Registered Agent's signature required on the filing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete  
NAME **LANDAU WEALTH INVESTMENT NETWORK, INC**  
STREET ADDRESS **410 E HALLANDALE BCH, BLVD #202**  
CITY-STATE-ZIP **HALLANDALE BCH, FL 33009**

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

TITLE **MGRM** ☐ Delete  
NAME **LANDAU, LINDA M**  
STREET ADDRESS **2350 NE 192ND ST**  
CITY-STATE-ZIP **NMB, FL 33180**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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

4/29/2005

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