2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073341

Entity Name: LINEN SYSTEMS FOR HEALTHCARE, LLC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4105 S. BARTLETT STREET TAMPA, FL 33611 **Current Mailing Address: New Mailing Address:** 4105 S. BARTLETT STREET TAMPA, FL 33611 FEI Number: 20-1723372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUHL, KARL 4105 S. BARTLETT ST. TAMPA, FL 336111652 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RAPHAEL, ROBERT Name: Name: 903 SOUTH 4TH STREET Address: Address: City-St-Zip: **RENTON, WA 98057** City-St-Zip: Title: Title: () Delete () Change () Addition MICKEY'S LINEN AND T, OWEL SUPPLY, IN C Name: Name: Address: 4601 WEST ADDISON ST Address: City-St-Zip: CHICAGO, IL 60641 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ADMIRAL LINEN SERVIC, ES, INC Name: Name: Address: 2030 KIPLING Address: City-St-Zip: HOUSTON, TX 77098 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: UNITEX HOLDINGS, INC. Name: Address: 161 S MACQUESTON PKWY Address: MOUNT VERNON, NY 10550 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition FAULTESS LAUNDRY CO, Name: Name: 330 W 19TH TERRACE Address: Address: City-St-Zip: KANSAS CITY, MO 64108 City-St-Zip: Title: () Delete Title: () Change () Addition AMERICAN TEXTILE MAI. NTENANCE CO Name: Name: Address: 1667 W WASHINGTON BLVD Address: LOS ANGELES, CA 90007 City-St-Zip: 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: KARL F. BUHL MGR 01/07/2008