

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073341

FILED
Mar 20, 2009
Secretary of State

Entity Name: LINEN SYSTEMS FOR HEALTHCARE, LLC.

Current Principal Place of Business:

4105 S. BARTLETT STREET
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4105 S. BARTLETT STREET
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-1723372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUHL, KARL
4105 S. BARTLETT ST.
TAMPA, FL 33611652 US

Name and Address of New Registered Agent:

BUHL, KARL F
4105 S. BARTLETT ST.
TAMPA, FL 33611652 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: KARL F BUHL

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAPHAEL, ROBERT
Address: 903 SOUTH 4TH STREET
City-St-Zip: RENTON, WA 98057

Title: MGR (X) Delete
Name: MICKEY'S LINEN AND T, OWEL SUPPLY, I N C
Address: 4601 WEST ADDISON ST
City-St-Zip: CHICAGO, IL 60641

Title: MGR (X) Delete
Name: ADMIRAL LINEN SERVIC, ES, INC
Address: 2030 KLIPLING
City-St-Zip: HOUSTON, TX 77098

Title: MGR (X) Delete
Name: UNITEX HOLDINGS, INC,
Address: 161 S MACQUESTON PKWY
City-St-Zip: MOUNT VERNON, NY 10550

Title: MGR (X) Delete
Name: FAULTLESS LAUNDRY CO,
Address: 330 W 19TH TERRACE
City-St-Zip: KANSAS CITY, MO 64108

Title: MGR (X) Delete
Name: AMERICAN TEXTILE MAI, N TENANCE CO
Address: 1667 W WASHINGTON BLVD
City-St-Zip: LOS ANGELES, CA 90007

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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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: KARL F BUHL

DIR

03/20/2009

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