

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90080 019 ***138.75

DOCUMENT # L04000091356

1. Entity Name
EXCEPTIONAL LINEN SERVICES, LLC



Principal Place of Business

**14397 SW 143RD CT
MIAMI, FL 33186**

Mailing Address

**14397 SW 143RD CT
MIAMI, FL 33186**

00001000



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2489685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, JULIO C
16931 S.W. 213TH LANE
MIAMI, FL 33187**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **HERNANDEZ, JULIO C**
STREET ADDRESS **14397 SW 143RD CT SUITE 101**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **MGR**
NAME **PEREZ-HERNANDEZ, MARIA E**
STREET ADDRESS **14397 SW 143RD CT SUITE 101**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Julio C Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-11-08 (301) 232-9121

Date

Daytime Phone #