2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 DOCUMENT # L05000058970 1. Entity Name QUALITY REBUILDERS COMMERCIAL LAUNDRY

FILED Mar 17, 2008 08:00 A Secretary of State

EQUIPMENT SERVICES LLC						′		
Principal Place of Business			Mailing Address					
5301 5TH ST. W. LEHIGH ACRES FL 33971			5301 5TH ST. W.					B) = 6: 111 1861
LERIGH AC	nea re 339/1	'	LEHIGH ACRES FL 33	971				
2. Principal F	Place of Business - No P.O. B	0×# 3	, Mailing Address				TF MFIMF 1865M JRIII INNII NI	
Suite, Apt. #, etc,			Suite, Apt. #, etc.			1st MOORE CR2E	E083 (10/07)	
City & State			City & State			4. FEI Number	A	pplied For
Zip Country			Zip Gouri		IV	51-0549973	\$5.00 Add	ot Applicable
						5. Certificate of Status Desired	Fee Require	ed
	6. Name and Address of	1 Current Reg	istered Agent		Name	7. Name and Address of New Registe	red Agent	
GROEN, JOHN HENRY 5301 5TH ST W LEHIGH ACRES FL 33971					Street Addre	ss (P.O. Box Number is Not Acceptable)		
LLI	IIGH ACKES I E 3391	'						
					City		FL Zip Cod	
	named entity submits this stations of registered agent.	atement for the	purpose of changing its	s registered	d office or regi	istered agent, or both, in the State of Florida.	am familiar with,	, and accept
SIGNATURE	Signature, typed or printed dame of reg	are ഉപപ്പെടുന്നു പുരുപ്പ	TO/A) clossed-as-a	TE Rogisterusi	ការិកាន់ ពី នៅការ (១៨	(used which remetering) D	ATE	
			FILE NO After May 1, Make Check Payab	.2008, Fe	ee Will Be \$	538.75		
9.	MANAGINI	G MEMBERS/	730 a i	10.	**************************************	ADDITIONS/CHAN	IGES	
TITLE	MGR		☐ Delete	TITLE			☐ Change	Addition
NAME	GROEN, JOHN H			NAME	* *******			
STREET ADDRESS CITY-ST-ZIP				CITY-S	T ADDRESS ST-Z:P			
TITLE			☐ Delete	TITLE			Change	Addition
NAME				NAME	Litroprec	0000008623		70
STREET ADDRESS CITY-ST-ZIP				CITY-S	T ADDPESS ST-Z:P	04/03/08-8004	5-008 143. 	. 15
TITLE			☐ Delete	HILLE			☐ Change	Addition
NAM! STREET ADDRESS				STREET	(ADDRESS			
CITY-ST-ZIP				CITY- S	I .			
TITLE			☐ Delete	THLE			☐ Change	Addition
NAME STREET ADDRESS				NAME SIRELI	1 ADDFESS			
CITY-ST-ZIP				CITY-S	I .			
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
HAME STREET ADDRESS CO.				NAME				
STREET ADDRESS CITY-ST-ZIP				STREET CITY - 3	T ADDRESS ST-ZIP			
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME				NAME				•
STREET ADDRECS				1	T ADDRESS			
CITY - ST - ZIP				Cliy-S	51-Z!P			

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my supplied with 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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