

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102464

FILED
Mar 07, 2006
Secretary of State

Entity Name: RAVENOUS COIN LAUNDRY LLC

Current Principal Place of Business:

2122 ERNEST STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

323 ALVAR CIRCLE
JACKSONVILLE, FL 32259 US

Current Mailing Address:

2122 ERNEST STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

323 ALVAR CIRCLE
JACKSONVILLE, FL 32259 US

FEI Number: 20-3660345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SVAGDIS, ADAM B
2122 ERNEST STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

SVAGDIS, ADAM B
323 ALVAR CIRCLE
JACKSONVILLE, FL 32259 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: ADAM B SVAGDIS

03/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SVAGDIS, ADAM B
Address: 2122 ERNEST STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: CELSO, MICHAEL
Address: 12657 ASHGLENN DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SVAGDIS, ADAM B
Address: 323 ALVAR CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

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: ADAM B SVAGDIS

MGRM

03/07/2006

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