2007 LIMITED LIABILITY COMPANY

Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000006016 04-23-2007 90370 023 ****50 00 LAUNDRY1407, LLC 60038778 Principal Place of Business Mailing Address 1407 N. CITRUS BOULEVARD P.O. BOX 1549 MT. DORA, FL 32756 US LEESBURG, FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232007 CR2E083 (12/06) Chg-LLC 4. FEI Number 68-0620 956 City & State Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAYLORD, FRANK T Street Address (P.O. Box Number is Not Acceptable) 804 N. BAY STREET EUSTIS, FL 32727 Zip Code FI. 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. E______ SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Change Addition TITLE . □ Delete MARSHALL, WILLIAM T JR NAME NAME STREET ADDRESS P.O. BOX 1549 STREET ADDRESS CITY-ST-ZIP MT-DORA, FL 32756 CITY-ST-ZIP MGR. **Change** ☐ Addition ☐ Delete TITLE TITLE MGR MARSHALL SUSAN PO BOX 1549 RANDAZZO, SUSAN NAME NAME STREET ADDRESS P.O. BOX 1549 STREET ADDRESS EUSTIS, FL 32756 CITY-ST-ZIP 32756 CITY-ST-ZIP DORA Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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Date

Daytime Phone #

BER, MANAGER, OR AUTHORIZED REPRESENTATI

FILED

WILLIAM MARSHALL

GNATURE AND TYPED OR PRINTED

SIGNATURE: