2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 19, 2007 8:00 am
Secretary of State
01-31-2007 90085 007 ****55.00

DOCUMENT # L06000015573

1. Entity Name
KWEEN KLEEN LAUNDROMAT, LLC

Principal Place of Business	Mailing Address
753 INVERIE DR INVERNESS FL 34453-4422	753 INVERIE DR INVERNESS FL 34453-4422

2. Principal Place of Business - No P.O. Box *	3. Mailing Address
236 US HWY 41 S.	753 INVERIE DR.
Suite, Apt. #, etc. CITRUS PLAZA	Suite, Apt. #, etc.
City & State INVERNESS, FL.	City & State INVERNESS FL.
Zip / Country 34450 / CITRUS	Zip / Country 34453-4422 / CITRUS

4. FEI Number
59-3520815
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAY, WALLACE E 753 INVERIE DR INVERNESS FL 34453-4422	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: WALLACE EDWIN DAY W.B 1-22-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required Agent signature for all changes) Date

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
Title / Name / Street Address / City-St-Zip SANDRA LOU DAY ☐ Delete 753 INVERIE DRIVE INVERNESS, FL. 34453-4	Title / Name / Street Address / City-St-Zip SANDRA L. DAY ☐ Change ☒ Addition 753 INVERIE DRIVE INVERNESS, FL. 34453-4422 OWNER
Title / Name / Street Address / City-St-Zip WALLACE E. DAY ☐ Delete 753 INVERIE DR. 'MGRM' INVERNESS, FL. 34450-4422	Title / Name / Street Address / City-St-Zip WALLACE E. DAY ☐ Change ☐ Addition 753 INVERIE DRIVE INVERNESS, FL. 34453-4422 OWNER
Title / Name / Street Address / City-St-Zip SANDRA L. DAY ☐ Delete 753 INVERIE DR. 'MGRM' INVERNESS, FL. 34453-4422	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition

11. I hereby 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 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: W.B WALLACE EDWIN DAY 1-22-07 352 344-4725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1st MOORE CR2E083 (10/06)