

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90154 023 ***138.75

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01092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000048120 1. Entity Name MICHIGAN LAUNDRY, LLC			
Principal Place of Business 505 MAITLAND AVENUE STE 1350 ALTAMONTE SPRINGS, FL 32701		Mailing Address 505 MAITLAND AVENUE STE 1350 ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 940605	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Maitland, FL	
Zip		Zip 32794-0605	
Country		Country USA	
4. FEI Number 20-4876244		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATT, JAMES R 369 N, NEW YORK AVENUE 3RD FL WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, MICHAEL 505 MAITLAND AVE SUITE 1350 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, MICHAEL PO BOX 940605 Maitland, FL 32794-0605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 3/11/08 Daytime Phone #: 407-629-9304	