2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# L06000070297

Entity Name: NATURE COAST LINEN SERVICE, LLC

Current Principal Place of Business:

15651 PINE RIDGE RD.
FT MYERS, FL 33908

New Principal Place of Business:

15651 PINE RIDGE RD.
FT MYERS, FL 339082626 US

Current Mailing Address:

15651 PINE RIDGE RD.
FT MYERS, FL 33908

New Mailing Address:

15651 PINE RIDGE RD.
FT MYERS, FL 339082626 US

FEI Number: 45-0549956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARRETT, SHERRY J
5901 4TH STREET SOUTH
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GILMORE, SHARON D
Address: 13403 LINDEN DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM ( ) Delete
Name: GILMORE, HUGH J
Address: 13403 LINDEN DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM (X) Delete
Name: BAME, ROBERT L
Address: 2301 SUMMER HOME STREET
City-St-Zip: LAS VEGAS, NV 89135

Title: MGRM (X) Delete
Name: BAME, MARY R
Address: 2301 SUMMER HOME STEET
City-St-Zip: LAS VEGAS, NV 89135

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GILMORE, SHARON D MGR
Address: 15651 PINE RIDGE RD
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM (X) Change ( ) Addition
Name: GILMORE, HUGH J MGRM
Address: 15651 PINE RIDGE RD
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HUGH J GILMORE MGRM 05/16/2008

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