

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-04-2008 90136 016 ***138.75

DOCUMENT # L06000099910

1. Entity Name
MULTI-COUNTY CLEANERS, LLC



Principal Place of Business
**108 CAMELOT DRIVE WEST
PALATKA, FL 32177**

Mailing Address
**108 CAMELOT DRIVE WEST
PALATKA, FL 32177**

30005012



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03132008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5704226

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LIVINGSTON, VIRGINIA T
108 CAMELOT DRIVE WEST
PALATKA, FL 32177**

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

Virginia Livingston

Signature of individual or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

4-2-08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

138.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LIVINGSTON, VIRGINIA T
108 CAMELOT DRIVE WEST
PALATKA, FL 32177**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOYLE, TRACY E
1008 SOUTH 15TH STREET
PALATKA, FL 32177**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

Virginia Livingston

4-2-08

386-328-9434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #