2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2008 DEC 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000111158

1. Entity Name
GOLD COAST CUSTOM DRY CLEANERS, LLC

12302008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
28380 OLD 41 ROAD, UNIT #68 NAPLES, FL 34135 US	2180 IMMOKALEE ROAD STE-304 NAPLES, FL 34110 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME AS ABOVE	28100 BONITA GRANDE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. 304
City & State	City & State BONITA SPRINGS, FL
Zip / Country	Zip 34135 / Country

4. FEI Number
20-5892167
☐ 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
TROIANO, JOSEPH A ESQ. 12800 UNIVERSITY DRIVE, SUITE 380 FORT MYERS, FL 33907	Name: GIL T. LEON ESQ. Street Address (P.O. Box Number is Not Acceptable): 28100 BONITA GRANDE DR. SUITE 304 City: BONITA SPRINGS FL Zip Code: 34135

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: GIL T. LEON ESQ. 12-29-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $60.00		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. MGRM ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FABELA FAMILY LIMITED PARTNERSHIP 2180 IMMOKALEE ROAD STE-304 NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KANDELA, LLC 28100 BONITA GRANDE DR. SUITE 304 BONITA SPRINGS, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600139414756 01/05/09--01012--019 **55.00	☐ 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	QL 1-14-09	☐ 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 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: KANDELA, LLC Angela K Fabela 12-30-08 239-405-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #