

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111158

FILED
Feb 06, 2009
Secretary of State

Entity Name: GOLD COAST CUSTOM DRY CLEANERS, LLC

Current Principal Place of Business:

28380 OLD 41 ROAD, UNIT #6B
NAPLES, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

28100 BONITA GRANDE DR, SUITE 304
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 20-5892167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEON, GIL T ESQ.
28100 BONITA GRANDE DR., SUITE 304
BONITA SPRINGS, FL 34135 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: KANDELA, LLC,
Address: 28100 BONITA GRANDE DR, SUITE 304
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: RODRIGUEZ, GERMAN D
Address: 9177 PINEAPPLE ROAD
City-St-Zip: FT. MYERS, FL 33967 US

Title: MGR () Change (X) Addition
Name: PADIN, ALEXIS
Address: 28261 PINE HAVEN WAY, #182
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: GERMAN D. RODRIGUEZ

MGR

02/06/2009

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