## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## FILED Jun 09, 2008 8:00 am Secretary of State 04-28-2008 90062 016 \*\*\*138.75

DOCUMENT # L07000043282  1. Endity Name EL AMIR OF TAMPA LAUNDROMAT, LLC.							U4-26-200d	s 90062 016 *****	136./3	
Principal Place 2097 N. HIGH CLEARWATER	HLAND AVE		Mailing Address 2097 N. HIGHLAND AVE CLEARWATER, FL 33755 US			. Lienieni I	30008311 :			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #. etc.			01152008	Chg-LLC	CR2E083 (12/06)		
City & State			City & State		4. FEI Numb	(X)() = 1 7	,	pplied For ot Applicable		
Zip	Country		Zip				e of Status Desired	S5.00 Add Fee Require		
<del></del>	6. Name	e and Address of Current R	agfstered Agent Name		7. Name and	d Address of New Re	igistered Agent			
ZEIN-E-DING, TAREK 2097 N. HIGHLAND AVE CLEARWATER. FL 33755			Street			ss (P.O. Box Numb	ber is Not Acceptable)	)		
					City	<u> </u>		FL Zip Code	lo l	
8: The above	named enti	ilv submits this statement for	the ournose of changing its	- register		stared agent, or bi	oth in the State of Flor	<u> </u>	end accept	
<ol> <li>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.</li> </ol>										
SIGNATURE Signature, typed or printed name of registered agent and site 4 applicable. (NOTE: Registered Agent signature required when remeating).										
		FEE IS \$138.75 Fee will be \$538.75					check payable to Department of State	•		
9.		MANAGING MEMBER	S/MANAGERS 10.				ADDITIONS/	CHANGES		
TITLE NAME	MGRM ZEIN-E-D	DING, TAREK	☐ Deinte	Delete TITLE				Change	Addition	
STREET ADDRESS	2097 N. F	HIGHLAND AVE		STRE	EET ADDRESS					
CITY-ST-ZEP TITLE	MGRM	VATER, FL 33755	☐ Delete	CITY-SF-ZIP Delete 11TLE				☐ Change	☐ Addition	
NAME	MONTOY	YA, ZULEIMA	FT Denve	NAM				[_] V100-9v	LJ Names	
STREET ADDRESS CITY-ST-ZIP		HIGHLAND AVE VATER, FL 33755			EET ADDRESS I-ST-ZIP					
TITLE			☐ Delete	THE	-	·		☐ Change	☐ Addit lon	
NAME STREET ADDRESS				STRE	ie Eet adopess					
CITY-\$1-ZIP	<b></b>				I-ST-ZIP					
MAYE NAME			☐ Delete	NAM				Change	☐ Addizion	
STREET ADORESS CITY-ST-ZIP					EET ADORESS 1-S1-ZIP					
TITLE			☐ Delete	TITLE	-			☐ Change	Addition	
STREET ADDRESS				STRE	EET ADDRESS					
CITY-ST-ZEP	-		☐ Celete	CIFY	r-S1-ZIP		<del></del>	Change	☐ Addition	
NAME			Fra Delitte	NVM	· 1			First An annual	L 1000-0-	
STREET ADDRESS CITY-ST-ZIP					EET ADOPESS V-ST-ZIP					
11. 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 accordate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 4-21-08 SIGNATURE AND TYPED OF PRINTED HAME OF BIGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIES Departs Prove 9										