


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90138 023 ***138.75

DOCUMENT # L07000063445	
1. Entity Name SUPER CLEAN LAUNDROMAT, LLC	

Principal Place of Business 2986 NW 55TH AVENUE LAUDERHILL, FL 33313	Mailing Address 1844 WINGEGFOOD TERRACE CORAL SPRINGS, FL 33024
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00007334



2. Principal Place of Business - No P.O. Box # 185-187 South State Road 7	3. Mailing Address 11844 Winged Foot Ter
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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01052008 Chg-LLC CR2E083 (12/06)

City & State Margate, Florida	City & State Coral Spring, Florida
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Zip 33068	Country Broward	Zip 33071	Country Broward
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4. FEI Number 26-0437738	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THE LAW OFFICE OF NYDIA MENENDEZ, LLC 2699 STIRLING ROAD BUILDING B, SUITE 200 FORT LAUDERDALE, FL 33312
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7. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reinstating) DATE 1/8/08
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEAN BAPTISTE, ROBERT <input type="checkbox"/> Delete 1844 WINGEGFOOD TERRACE CORAL SPRINGS, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.
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SIGNATURE: Robert Jean Baptiste SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Managing Member 02-06-08 Date	86 356 3412 Daytime Phone #
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