

**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

00007334



2. Principal Place of Business - No P.O. Box #  
 185-187 South State Road 7  
 Suite, Apt. #, etc.

3. Mailing Address  
 11844 Winged Foot Ter  
 Suite, Apt. #, etc.

01052008 Chg-LLC CR2E083 (12/06)

City & State  
**Margate, Florida**

City & State  
**Coral Spring, Florida**

Zip  
**33068**

Country  
**Broward**

Zip  
**33071**

Country  
**Broward**

4. FEI Number  
**26-0437738**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE **1/8/08**

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



9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEAN BAPTISTE, ROBERT 1844 WINGEGFOOD TERRACE CORAL SPRINGS, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Robert Jean Baptiste* Managing Member **02-06-08** 86 356 3412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #