2008 LIMITED LIABILITY COMPANY

Jul 21, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L07000109876** 07-21-2008 90081 025 ***143.75 1. Entity Name D & D SEMINOLE LAUNDRY, L.L.C. Mailing Address Principal Place of Business 8530 SEMINOLE BOULEVARD 8530 SEMINOLE BOULEVARD SEMINOLE, FL 33772 SEMINOLE, FL 33772 2. Principal Place of Business - No P.O. Box # Mailing Address 790 Suite, Apt. #, etc. Suite, Apt. #, etc. 07162008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 020038 Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired ellas Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCLACHLAN, BRYAN K Street Address (P.O. Box Number is Not Acceptable 7985 113TH STREET NORTH, SUITE 331 SEMINOLE, FL 33772 CA 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) FILE NOW!!! FEE IS \$138.75 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. **MGRM** ☐ Addition TITLE ☐ Delete TITLE ☐ Change LAUBENGEYER, DONNA NAME NAME 9790 66TH STREET NO, LOT #30 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE LAUBENGEYER, RICHARD E NAME NAME 9790 66TH STREET NO. LOT #30 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ 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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS CITY-ST-7IP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE