

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** HOSPITALITY LINENS LLC

**Current Principal Place of Business:**

1904 JUNIPER AVE.  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

1904 JUNIPER AVE.  
PORT ST. JOE, FL 32456 US

**New Mailing Address:**

FEI Number: 26-3037977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REID, WILLIAM S  
1904 JUNIPER AVE  
PORT ST. JOE, FL 32456 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  
Name: REID, CARYN  
Address: 1904 JUNIPER AVE  
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM  
Name: REID, WILLIAM  
Address: 1904 JUNIPER AVE  
City-St-Zip: PORT ST. JOE, FL 32456 US

I hereby 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: WILLIAM REID

MGMR

01/04/2010

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