

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004340

**FILED**  
**May 24, 2010**  
**Secretary of State**

**Entity Name:** HEALTH CARE LAUNDRY SERVICES, LLC

**Current Principal Place of Business:**

11111-70 SAN JOSE BLVD SUITE 297  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11111-70 SAN JOSE BLVD SUITE 297  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LEPKOSKE, ANDREW  
11362-13 SAN JOSE BLVD., #121  
JACKSONVILLE, FL 32223 US

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

LEPKOSKE, CHRISTINE  
11111-70 SAN JOSE BLVD., #297  
JACKSONVILLE, FL 32223 US

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: CHRISTINE LEPKOSKE

05/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEPKOSKE, CHRISTINE  
Address: 11111-70 SAN JOSE BLVD., #297  
City-St-Zip: JACKSONVILLE, FL 32223

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: CHRISTINE LEPKOSKE

MGRM

05/24/2010

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