

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064579

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** NICE & CLEAN GARMENT CARE, LLC

**Current Principal Place of Business:**

712 HARDWOOD CIRCLE  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

595 S CHICKASAW TRAIL  
ORLANDO, FL 32825 US

**Current Mailing Address:**

712 HARDWOOD CIRCLE  
ORLANDO, FL 32828 US

**New Mailing Address:**

595 S CHICKASAW TRAIL  
ORLANDO, FL 32825 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MEDINA, JUAN  
712 HARDWOOD CIR  
ORLANDO, FL 32828 US

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

MEDINA, JUAN  
595 S CHICKASAW TRAIL  
ORLANDO, FL 32825 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/19/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDINA, JUAN  
Address: 595 S CHICKASAW TRAIL  
City-St-Zip: ORLANDO, FL 32825 US

Title: MGRM  
Name: MOTA, LUIS  
Address: 595 S CHICKASAW TRAIL  
City-St-Zip: ORLANDO, FL 32825 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: JUAN MEDINA

MGRM

04/19/2011

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