## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000015319

Entity Name: MOBILE MEDICAL UNIFORMS LLC

FILED Jan 04, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13049 W LINEBAUGH AVE 13049 W LINEBAUGH AVE STE 101

STE 102 TAMPA, FL 33626 TAMPA, FL 33626

**Current Mailing Address: New Mailing Address:** 

13049 W LINEBAUGH AVE 13049 W LINEBAUGH AVE STE 102 STE 101 TAMPA, FL 33626 US TAMPA, FL 33626 US

FEI Number: 27-4790201 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COSTELLO, DANIEL T COSTELLO, DANIEL T 16406 BLUÉ WHETSTONE LANE 13049 W LINEBAUGH AVE ODESSA, FL 33626 STE 102

TAMPA, FL 33626 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: 01/04/2012

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

MGRM

COSTELLO, DANIEL T Name: Address: 13049 W LINEBAUGH AVE #102

City-St-Zip: TAMPA, FL 33626

Title: MGRM

Name: COSTELLO, JENNIFER Address: 13049 W LINEBAUGH AVE #102

City-St-Zip: TAMPA, FL 33626

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 Statues.

SIGNATURE: DANIEL COSTELLO **PRES** 01/04/2012