APPRUVEL
AND
FILED

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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

L98000002349

2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

XPRESS DRY CLEANERS, L.C.

Principal Place of Business

2. Principal Place of Business

DOCUMENT #

5269 S.W. 117TH AVENUE COOPER CITY FL 33330

Mailing Address

3. Mailing Address

5269 S.W. 117TH AVENUE

COOPER CITY FL 33330-4216

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country Zip Zip

4. FEI Number 65-0864217

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

\$5.00 Additional Fee Required

Applied For

Not Applicable

LOKEINSKY, JENNIFER G 5269 S.W. 117TH AVENUE COOPER CITY FL 33330

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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.

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

9.	MANAGING MEMBERS/MEI	MBERS	10.	ADDITIONS/CHANGES	_
TITLE RAME STREET ADDRESS CITY-ST-ZIP	MGR LOKEINSKY, JENNIFER G 5269 S.W. 117TH AVENUE COOPER CITY FL 33330	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change 400003264064- -05/23/00011100 ******50.00 *±****5	Addition O3 Addition
TITLE MAME		☐ Deleta	TITLE NAME		Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Coleta	TITLE NAME STREET ACORESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition .
TITLE NAME STRUET ADDRESS CITY-ST-ZIP		☐ Ociete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.