

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001212

1. Entity Name
HOSPITALITY LINES SERVICES OF SOUTHWEST FLORIDA,
LINEN

Principal Place of Business Mailing Address
1400 GULF SHORE BOULEVARD NORTH, STE 218 1400 GULF SHORE BOULEVARD NORTH, STE 218
NAPLES FL 34102 NAPLES FL 34102-4977

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 200 SUITE 200
City & State City & State

Zip Country Zip Country

4. FEI Number 65-0483502 Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

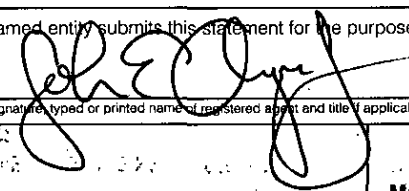
6. Name and Address of Current Registered Agent

AYRES, JOHN E JR
1400 GULF SHORES BOULEVARD NORTH, STE 218
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
SUITE 200
City FL 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  (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME AYRES, JOHN E JR
STREET ADDRESS 1400 GULF SHORES BOULEVARD NORTH, STE 218
CITY-ST-ZIP NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP SUITE 200

TITLE
NAME LARRY S. BLANKENSHIP
STREET ADDRESS 1400 GULF SHORE BLVD N. SUITE 200
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME LINEN & LAUNDRY PARTNERS, LLP
STREET ADDRESS 111 NE. 4TH STREET
CITY-ST-ZIP STAPLES, MN 56479-0040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 200003283462-2
-06/09/00--01100--008
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CRF E081 (9/93)